



Building Code # _____
Permit #s _____
_____
Date: _____

**UNIFORM CONSTRUCTION CODE (UCC)  
 APPLICATION FOR APPROVAL OF PLANS FOR PASSENGER ROPEWAYS OR  
 FUNICULARS PERMIT**

All the information on this form must be supplied before a permit will be issued for the construction, repair, alteration, or replacement of components of any **Aerial Tramway, Detachable Grip Aerial Lift, Fixed Grip Aerial Lift, Sky Ride, Conveyor Lift, Surface Lift, Incline, J-Bar Lift, Platter Lift, Rope Tow, Service Handle Tow, or Tow**

**EXPEDITED REVIEW. ADDITIONAL FEE SUBMITTED.**       **ACT 24 EXEMPTION**

<b>APPLICATION TYPE</b>	<input type="checkbox"/> New Installation/Construction <input type="checkbox"/> Repair, alteration, or replacement of components: Building Code # _____ Equipment # _____												
<b>OWNER INFORMATION</b>	Owner Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Telephone _____ Fax _____ Email _____												
<b>RESPONSIBLE PARTY INFORMATION</b>	Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Telephone _____ Fax _____ Email _____												
<b>EQUIPMENT LOCATION INFORMATION</b>	Building Name _____ Physical Address _____ City _____ State _____ Zip Code _____ County _____ Municipality Name _____ Municipality Type <input type="checkbox"/> Borough <input type="checkbox"/> City <input type="checkbox"/> Township												
<b>DESIGN ENGINEER</b>	Name _____ Address _____ City _____ State _____ Zip Code _____												
<b>EQUIPMENT TYPE</b>	<table border="0"> <tr> <td><input type="checkbox"/> Aerial Tramway</td> <td><input type="checkbox"/> Conveyor Lift</td> <td><input type="checkbox"/> Rope Tow</td> </tr> <tr> <td><input type="checkbox"/> Detachable Grip Aerial Lift</td> <td><input type="checkbox"/> J-Bar Lift</td> <td><input type="checkbox"/> Service Handle Tow</td> </tr> <tr> <td><input type="checkbox"/> Fixed Grip Aerial Lift</td> <td><input type="checkbox"/> T-Bar Lift</td> <td><input type="checkbox"/> Incline</td> </tr> <tr> <td><input type="checkbox"/> Sky Ride</td> <td><input type="checkbox"/> Platter Lift</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Aerial Tramway	<input type="checkbox"/> Conveyor Lift	<input type="checkbox"/> Rope Tow	<input type="checkbox"/> Detachable Grip Aerial Lift	<input type="checkbox"/> J-Bar Lift	<input type="checkbox"/> Service Handle Tow	<input type="checkbox"/> Fixed Grip Aerial Lift	<input type="checkbox"/> T-Bar Lift	<input type="checkbox"/> Incline	<input type="checkbox"/> Sky Ride	<input type="checkbox"/> Platter Lift	<input type="checkbox"/> Other _____
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<input type="checkbox"/> Sky Ride	<input type="checkbox"/> Platter Lift	<input type="checkbox"/> Other _____											
<b>NEW OR EXISTING EQUIPMENT INFORMATION</b>	1. Design Capacity of Lift (Persons Per Hour) Winter (Skiers) _____ Summer (Foot Passengers) _____ Downhill Loading Capacity _____ Maintenance Only _____ 2. Horizontal Length of Lift _____ Vertical Rise of Lift _____ 3. Main Drive <input type="checkbox"/> Electric <input type="checkbox"/> Internal Combustion Engine <input type="checkbox"/> Other _____ HP _____ Capacity of Fuel Tank (If Applicable) _____ Estimated fuel required for one day of operation _____												

**NEW OR EXISTING  
EQUIPMENT  
INFORMATION**

Location of Fuel Tank  Buried  Above-Ground  Inside Machine Room  
Other Main Drive (Describe) \_\_\_\_\_

4. Evacuation Power Unit Engine  Yes  No Full Time  Yes  No  
Fuel \_\_\_\_\_ Speed \_\_\_\_\_ HP \_\_\_\_\_  
Other Evacuation Power Unit (Describe) \_\_\_\_\_

5. Standby Emergency Drive Engine  Yes  No Fuel \_\_\_\_\_  
Speed \_\_\_\_\_ HP \_\_\_\_\_  
Other Standby Power (Describe) \_\_\_\_\_

6. Service Brake Location \_\_\_\_\_ Bullwheel Brake Location \_\_\_\_\_

7. Rollback Device Location \_\_\_\_\_ Drive Train Backstop Device \_\_\_\_\_

8. Is drive train arranged so there is no belt, friction clutch, or similar friction-type device between the backstop device and the drive bullwheel?  Yes  No

9. Rollback Device Type \_\_\_\_\_

10. Factors of safety based upon maximum loading, ultimate strength, 170 lbs. per person, \_\_\_\_\_ Wind MPH

a. Haul Rope Diameter \_\_\_\_\_ Type \_\_\_\_\_ Breaking Strength \_\_\_\_\_

b. Towers \_\_\_\_\_ Terminals \_\_\_\_\_

c. Carriers and their Fastenings \_\_\_\_\_

d. Welding \_\_\_\_\_

e. Counterweight Ropes  Yes  No Type \_\_\_\_\_ Breaking Strength \_\_\_\_\_

f. Guy or Backstays  Yes  No Type \_\_\_\_\_ Breaking Strength \_\_\_\_\_

g. Are the foundations adequately designed to safely withstand the loads that may be imposed upon them?  Yes  No

11. Towers

a. Numbered  Yes  No

b. Guyed  Yes  No

c. Grounded  Yes  No  External  Internal

d. Diameter of Tower Sheaves \_\_\_\_\_

e. Minimum clearance between tower and carrier \_\_\_\_\_

12. Width of Lift Line Path \_\_\_\_\_

13. Vertical Clearance of Moving Equipment Above any obstacle \_\_\_\_\_  
Above any Occupied Space \_\_\_\_\_

14. Horizontal Clearance of Moving Equipment Uphill and Downhill Rope(s) \_\_\_\_\_  
Passing Cabins \_\_\_\_\_ Pole or Tower \_\_\_\_\_  
Base of Tower to Rope \_\_\_\_\_

15. Rope Speed Constant \_\_\_\_\_ Variable \_\_\_\_\_

16. Total Number of Carriers \_\_\_\_\_

17. Carrier Speed \_\_\_\_\_

a. When Loading Skiers \_\_\_\_\_

<b>NEW OR EXISTING EQUIPMENT INFORMATION</b>	<p>b. When Un-loading Skiers _____</p> <p>c. When Loading and Unloading Foot Passengers _____</p> <p>18. Does this lift have cabins to transport passengers?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>19. Do the cabins have attendants?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>a. Maximum Cabin Capacity (Persons) _____</p> <p>b. Speed at Terminals _____</p> <p>c. Speed over Saddles _____</p> <p>d. Speed between Towers _____</p>
<b>REQUIRED DOCUMENTS</b>	<p>1. Pilot plan showing location of equipment with distances to either landmarks, roads, or intersections.</p> <p>2. For all New Installations, drawings of the lift, sealed or stamped by a Pennsylvania Engineer.</p> <p>3. For Alterations, a scope of work describing the work being performed, drawings may also be required depending upon the work being performed. Drawings shall be sealed or stamped by a Pennsylvania Engineer.</p> <p>4. Any additional drawings or documents that provide information related to this permit application.</p>
<b>MAIN LIFTING DEVICE CONTRACTOR</b>	<p>Name _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Telephone _____ Fax _____ Email _____</p>
<b>FILING REQUIREMENTS</b>	<p><b>FEE SCHEDULE:</b> For an up-to-date listing of fees, please see the Fee Schedule listed on our website (<a href="http://www.dli.pa.gov/Individuals/Labor-Management-Relations/bois">www.dli.pa.gov/Individuals/Labor-Management-Relations/bois</a>) or contact our office for a copy of the Fee Schedule by telephone at 717-787-3806 option 2 or by fax at 717-705-7261.</p> <p>Be sure to include any additional information necessary when mailing this application and the appropriate fee to the Department.</p>
<b>RECEIPT OF APPROVED APPLICATION</b>	<p>Applicant Name _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Telephone _____ Fax _____ Email _____</p> <p>By signing this document, I certify that the proposed work will comply with the Pennsylvania Construction Code Law (1999, November 10 P.L. 491, No. 45), its regulations and all applicable standards. I further acknowledge that if any part of the proposed installation is not in compliance with the applicable regulations, I must submit a request for variance (Form LIIB 121) prior to installation and await a decision of the Industrial Board regarding my request.</p> <p>Applicant Name (Printed) _____</p> <p>Applicant Signature _____</p> <p>Date _____</p>

<b>ADDITIONAL INFORMATION</b>	

<b>FOR L&amp;I USE ONLY</b>	Approved By _____ Date _____
	Applicable Standards _____

Department of Labor & Industry | Bureau of Occupational & Industrial Safety | Elevator Division  
651 Boas Street | Room 1612 | Harrisburg, PA 17121-0750 | 717.787.3806 | Fax 717.705.7261 | [www.dli.pa.gov](http://www.dli.pa.gov)

Auxiliary aids and services are available upon request to individuals with disabilities.  
Equal Opportunity Employer/Program