

Approval of Installation of Passenger Lift, Lift Shaft and Machine Room

FORM FOR OBTAINING APPROVAL OF INSTALLING OF PASSENGER LIFT, LIFT SHAFT AND MACHINE ROOM		
1	Name of the Owner of the place where lift is proposed to be erected *:	<input style="width: 100%;" type="text"/>
2	Correspondence Address of the Owner of the place where lift is proposed to be erected *:	<input style="width: 100%;" type="text"/>
3	Name of Agent (if any):	<input style="width: 100%;" type="text"/>
4	Address of Agent (if any):	<input style="width: 100%;" type="text"/>
5	Locality where lift is to be erected *:	--Select--
6	Address of the place where the lift is to be erected *:	<input style="width: 100%;" type="text"/>
7	Whether a licence have been previously issued? (Details to be given) *:	--Select--
8	Whether there are more than one lift installed in the same premises? *:	--Select--
9	Name of the firm installing the lift *:	<input style="width: 100%;" type="text"/>
10	Address of the firm installing the lift *:	<input style="width: 100%;" type="text"/>
11		--Select--
12	Type of the lift proposed to be erected *:	--Select--

13		--Select--
14	The rated maximum speed of the lift (m/s) *:	<input style="width: 100%;" type="text"/>
15	The makers/designer rated capacity in weight (Kg) *:	<input style="width: 100%;" type="text"/>
16	The total weight of the lift cage with full load (Kg) *:	<input style="width: 100%;" type="text"/>
17	Maximum no. of passengers including operator *:	<input style="width: 100%;" type="text"/>
18	The Weight of the Counter Weight (Kg) *:	<input style="width: 100%;" type="text"/>
19	Type of supporting cable/rope/belt *:	--Select--
20	The depth of pit from the lowest part of the lift cage at the lowest floor (mm) *:	<input style="width: 100%;" type="text"/>
21	Bottom clearance (mm) *:	<input style="width: 100%;" type="text"/>
22	Measurement of Overhead (mm) *:	<input style="width: 100%;" type="text"/>
23	Top clearance (mm) *:	<input style="width: 100%;" type="text"/>
24	Height of the Machine Room (mm) *:	<input style="width: 100%;" type="text"/>
25	No. of stops/opening/landings *:	Basements: <input style="width: 100%;" type="text"/>
		Floors above zero level: <input style="width: 100%;" type="text"/>
		Total: <input style="width: 100%;" type="text"/>
26	Name of the person to be contacted at the time of inspection *:	<input style="width: 100%;" type="text"/>

25	No. of stops/opening/landings *:	Floors above zero level: <input style="width: 100%;" type="text"/>
		Total: <input style="width: 100%;" type="text"/>
26	Name of the person to be contacted at the time of inspection *:	<input style="width: 100%;" type="text"/>
27	Mobile No. of the person to be contacted at the time of inspection *:	<input style="width: 100%;" type="text"/>