



Building Official Review of Wheelchair Platform Lift Installation

PRINT IN INK or TYPE

The purpose of this form is to provide the Department of Labor and Industry, Elevator Safety Section with a standardized application process for wheelchair platform lift installation. The form on the bottom of this page is to be completed by the local building official or, in non-code areas of the state, the Building Codes and Standards Regional Representative. In most cases, a site visit and the lift installer's drawings will be necessary to complete this form.

Our goal is to obtain basic accessibility, building code and safety information concerning a proposed wheelchair lift installation. Such information is beyond the scope of the permit process for the lifting device. A permit for the installation of the actual lifting device will be issued by the Elevator Safety section. This form is intended to provide supplemental information pertaining to the overall appropriateness of the proposed lift installation. These issues are irrespective of the mechanical issues of the lifting device which will be reviewed by the Elevator Safety section.

Completion of this form will provide the division with an overall picture of the proposed installation and allow the division to determine if the proposed lift will provide access to the area in an appropriate and safe manner while maintaining general exiting of the facility.

Each permit application submitted to the division for the installation of a wheelchair platform lift must be accompanied by a completed Building Official Review form. Questions concerning this form should be directed to the Elevator Safety section.

This is to verify that I have reviewed the proposed installation of a platform lift located at:

ADDRESS	CITY	STATE	ZIP CODE
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and that the proposed installation is acceptable not recommended based on the attached criteria.

NAME OF BUILDING OFFICIAL (Print)	CERTIFICATION NUMBER	PHONE
SIGNATURE	DATE	FAX
ADDRESS	CITY	STATE ZIP CODE

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This wheelchair platform lift application applies to: new building existing building building addition change in use

If this lift installation has been included as an element in an approved plan review completed by your office, simply check this box and complete and sign the top of this form.

For lifts not subject to plan review:

Do doors/gates at each stop have the minimum required maneuvering clearance on the pull side (per ANSI 404.2.3.1, OR, are automatic opening doors/gates provided? Yes No N/A

If automatic opening doors/gates are provided, is the left call station and door operating control located beyond the swing of the door/gate per 1341.0404, subp. 2. Yes No N/A

Does the door/gate swing obstruct a circulation path or swing into a stairway landing? Yes No N/A

Does the proposed lift location obstruct the means of egress? If yes, is there a better suited location for the proposed lift? Please explain Yes No N/A

Are there structural considerations involved in this installation? If yes, please indicate: Yes No N/A

What area(s) is the lift proposed to serve?

What is the approximate occupant load of the space served by the proposed lift?

Additional Comments: