



DEPARTMENT OF ADMINISTRATIVE SERVICES

File #: \_\_\_\_\_

REQUEST APPROVAL FOR INCLINED STAIRWAY CHAIRLIFTS, VERTICAL OR INCLINED WHEELCHAIR LIFTS AND LIMITED USE, LIMITED ACCESS ELEVATORS (LULA)

(Per C.G.S. Section 29-200)

Office Use Only

APPLICANT

- 1. Name: \_\_\_\_\_ 2. Company: \_\_\_\_\_
3. Telephone: \_\_\_\_\_ 4. Email: \_\_\_\_\_
5. Address: \_\_\_\_\_
Street Address Town State Zip Code
6. Is the applicant also the owner? [ ] Yes [ ] No If no, please include owner's written authorization of you as agent.

SUBJECT PROPERTY

- 7. Name of building: \_\_\_\_\_
8. Address: \_\_\_\_\_
Street Address Town State Zip Code
9. Owner: \_\_\_\_\_
Name Address
10. Use group: \_\_\_\_\_ Per CT SBC, S.302 IBC
11. Change of use: [ ] Yes [ ] No If yes, from : \_\_\_\_\_ to: \_\_\_\_\_
12. Check applicable designation: [ ] New Building [ ] Existing Building [ ] Addition [ ] Alteration [ ] Other (explain):
[ ] Work due to fire code upgrade [ ] Work due to accessibility code upgrade
13. Type of construction: \_\_\_\_\_ 14. Number of stories: \_\_\_\_\_
15. Area of building in square feet: Whole building: \_\_\_\_\_ Addition or alteration: \_\_\_\_\_
(where applicable) Each floor: \_\_\_\_\_
16. (a) Number of stories in building: \_\_\_\_\_
(b) Stories served by lift or LULA: \_\_\_\_\_
17. Date of approval of current building permit: \_\_\_\_\_

Division of Construction Services
Office of the State Building Inspector - Tel: 860-713-5900
Please Email to: DAS.OSBI@ct.gov OR Fax to: 860-920-3083
Affirmative Action/Equal Opportunity Employer

**THE REQUEST**

18. Total rise of lift or LULA travel for this request: \_\_\_\_\_

19. Cost of building alterations or additions: \$ \_\_\_\_\_

*The cost entered above should not include alterations to windows, hardware, operating controls, electrical outlets, mechanical systems, electrical systems, installations or alteration of fire protection systems, abatement of hazardous materials, and alterations undertaken for the primary purpose of increasing the accessibility of an existing building.)*

20. Indicate the type of lift to be installed:

- |                                |                             |                             |   |                          |
|--------------------------------|-----------------------------|-----------------------------|---|--------------------------|
| <input type="checkbox"/>       | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>                          | <input type="checkbox"/> |
| Inclined<br>Stairway Chairlift | Vertical<br>Wheelchair Lift | Inclined<br>Wheelchair Lift | Limited Use,<br>Limited Access Elevator<br>(LULA) | Other (explain):         |

21. Description and specifications of proposed unit to be installed:

\_\_\_\_\_

22. Applicant must furnish two (2) copies of the plans or drawing illustrating the location of the lift relative to the rest of the structure. You must clearly identify on the print where the lift or LULA is being installed, indicate the door swing and show dimensions with regards to maneuvering clearances at the lift doors.

**AFFIDAVIT**

**I certify that, to the best of my knowledge and belief, the foregoing statements are true and made in good faith.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Note: Please type or print clearly. Complete application in its entirety. Any missing information may result in delays. Return completed application to the above address.  
**Allow 4 - 6 weeks for processing.**