



DEPARTMENT OF ADMINISTRATIVE SERVICES

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

REQUEST FOR MODIFICATION OF THE ASME A17.1 SAFETY CODE FOR ELEVATORS AND ESCALATORS (Per C.G.S. Section 29-192)

Office Use Only

APPLICANT

- 1. Name: \_\_\_\_\_ 2. Company: \_\_\_\_\_
3. Telephone: \_\_\_\_\_ 4. Email: \_\_\_\_\_
5. Address: \_\_\_\_\_
Street Address Town State Zip Code

SUBJECT PROPERTY

- 6. Name of building: \_\_\_\_\_
7. Address: \_\_\_\_\_
Street Address Town State Zip Code
8. Owner: \_\_\_\_\_
Name Address
9. Use group: \_\_\_\_\_ 10. Change of use: [ ] Yes [ ] No If yes, from : \_\_\_\_\_ to: \_\_\_\_\_
11. Type of construction: \_\_\_\_\_ 12. Number of stories: \_\_\_\_\_
13. Area of building in square feet: \_\_\_\_\_ Total building: \_\_\_\_\_
Sq. ft. of largest floor: \_\_\_\_\_
14. Check applicable designation: [ ] New Building [ ] Existing Building [ ] Addition [ ] Alteration / Renovation [ ] Other (explain): \_\_\_\_\_
15. Fire protection at subject premises: (check all that apply) [ ] Smoke Detection [ ] Heat Detection [ ] Sprinklers [ ] Standpipes [ ] Extinguishers [ ] Other (Identify) \_\_\_\_\_
16. Describe alarm system(s) at premises: \_\_\_\_\_

Continued...

**THE REQUEST**

17. Date of application for building permit: \_\_\_\_\_

18. Applicable Code (title and date): \_\_\_\_\_

19. ASME A17.1 section that modification is requested from: \_\_\_\_\_

20. Modification sought and reason: \_\_\_\_\_

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**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

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**Instructions**

- One set of construction documents must accompany the request if they are needed to help illustrate a modification request.
- A cover letter explaining your circumstance is recommended if it cannot be clearly explained in this form.
- Please type all responses, or if not possible, print legibly. Complete application in its entirety. Any missing information may result in delays. Return completed application to the Building Official who will forward to this office.
- **If you have questions about what is required, contact the Bureau of Elevators at (860) 713-5808 or [CT.Elevators@ct.gov](mailto:CT.Elevators@ct.gov)**