



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: [] [] If yes, from : _____
Yes No 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 Existing Addition Alteration / Other (explain):
Building Building Renovation
15. Fire protection at subject premises: [] [] [] [] []
(check all that apply) Smoke Heat Sprinklers Standpipes Extinguishers
Detection Detection
[]
Other (Identify) _____
16. Describe alarm system(s) at premises: _____

Continued...

Division of Construction Services
Office of the State Building Inspector
450 Columbus Boulevard, Suite 1303
Hartford, CT 06103
Tel: 860-713-5808 Fax: 959-200-4890
Affirmative Action/Equal Opportunity Employer

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: _____

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

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**