



NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS  
 DIVISION OF CODES AND STANDARDS  
 OFFICE OF STATE AND LOCAL CODE INSPECTIONS  
 ELEVATOR SAFETY UNIT

NEW or  TRANSFER OF OWNER {CHECK ONE}

Registration Number (if Transfer): \_\_\_\_\_

*PRINT or TYPE all information. Application is due 30 days after receipt.  
 Please see the attached for instructions and payment information.*

**SECTION I BUILDING INFORMATION**

**PAYMENT AMOUNT ENCLOSED: \$ \_\_\_\_\_**  
 (INVOICE WILL BE MAILED AFTER REGISTRATION IS COMPLETE)

Building Name: \_\_\_\_\_

Building Street Number: \_\_\_\_\_ Building Street Name: \_\_\_\_\_

Building Municipality: \_\_\_\_\_

County: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Use Group: \_\_\_\_\_ (see instructions)

**SECTION II: OWNER INFORMATION**

<p><b>CORPORATION ONLY:</b>          NJ CORPORATE REGISTRATION NUMBER:          _____</p>
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Owners Name (1): \_\_\_\_\_

Owners Name (2): \_\_\_\_\_

Owners Street Address: \_\_\_\_\_

Owners City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_ - \_\_\_\_\_

Owners Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Ownership Type:     Corporate     Individual/Sole Proprietorship     Partnership

(Please Check)     Government-Type \_\_\_\_\_     Other- explain \_\_\_\_\_

**SECTION III: IN STATE AGENT (A New Jersey address is required)**

Agent Name: \_\_\_\_\_

Mailing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_ - \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**SECTION IV (for new installations only):**

**DEVICE INFORMATION** (This section must be completed for each different device being registered unless more than one identical device is being registered. At least one Elevator/Device or other Device must be specified)

- Type:**
- |   |   |
|---|---|
| <input type="checkbox"/> Traction Elevator      | <input type="checkbox"/> Hydraulic Elevator       |
| <input type="checkbox"/> Winding Drum           | <input type="checkbox"/> Roped Hydraulic Elevator |
| <input type="checkbox"/> Escalator              | <input type="checkbox"/> Moving Walk              |
| <input type="checkbox"/> Vertical Platform Lift | <input type="checkbox"/> Inclined Platform Lift   |
| <input type="checkbox"/> Chair Lift             | <input type="checkbox"/> Dumbwaiter               |
| <input type="checkbox"/> Man Lift               | <input type="checkbox"/> Rack & Pinion            |
| <input type="checkbox"/> Screw Column           |   |

**Is the elevator equipped with (check those applicable)?**

- Oil Buffers—If so, how many? \_\_\_\_\_  
 Counterweight Governor, Safeties  
 Auxiliary Generator

- Classification:**  Lula  Sidewalk  
 Special  Inclined  
 Rooftop

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Floors: \_\_\_\_\_ Number of Stories Served: \_\_\_\_\_ Rated Speed (feet per minute): \_\_\_\_\_

Rated Load (In Pound): \_\_\_\_\_ Distance in Travel \_\_\_\_\_ Date Installed: \_\_\_\_\_

Date Last Inspected: \_\_\_\_\_ Number of Identical Devices in Building: \_\_\_\_\_

**Maintenance Company:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

**Section V:**

Manager  (If applicable)	Name			
	Address (PO BOX Not Acceptable)			
	City	Zip	County	Phone ( )

Net lessee or any other person in control of the property  (If applicable)	Name			
	Address (PO BOX Not Acceptable)			
	City	Zip	County	Phone ( )

Corporate Officers Or General Partners  (If applicable)	Name			
	Address (PO BOX Not Acceptable)			
	City	Zip	County	Phone ( )
	Name			
	Address (PO BOX Not Acceptable)			
	City	Zip	County	Phone ( )
	Name			
	Address (PO BOX Not Acceptable)			
	City	Zip	County	Phone ( )

NJ Registered Agent (Corporations Only)  (If applicable)	Name			
	Address (PO BOX Not Acceptable)			
	City	Zip	County	Phone ( )
	Email address:			

Is this an amended registration? <u>  yes  </u> <u>  no  </u> Registration number? _____
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Owner Signature (s)

X \_\_\_\_\_  
 Print Name

X \_\_\_\_\_  
 SIGNATURE

## ELEVATOR SAFETY UNIT INSTRUCTIONS:

Complete the enclosed application and return within 30 days to:

**Department of Community Affairs  
Office of State & Local Code Inspections  
Elevator Safety Unit  
P O Box 816  
Trenton NJ 08625**

**You are required to pay a registration fee of \$76.00 per device. A TRANSFER OF OWNER fee is \$76.00 PER BUILDING.** You may enclose payment with your application. Make check or money order payable to *Treasurer, State of New Jersey. DO NOT SEND CASH.* Please record, on the front of application form, the payment amount(s) enclosed. If payment is not enclosed, an invoice will be issued upon receipt of this application form.

**Section 1: Building information –If the building is part of a project, a separate form must be filed for each building within the project.** The space entitled building name should be used to provide a reference. Even if the building has no official name, it may be commonly referred to in some fashion; please indicate either here. If the building is one in a project where individual buildings are identified by either letters or numbers, use this space to indicate that letter or number (i.e. bldg 1, bldg D). **In the space entitled Building Street Number and Street Name please do not fill in PO Box or RD number but rather the actual location of the building.** In addition, please fill in the municipality and county to which taxes are paid, the lot and block number and the use group classification of the structure for which this form is being submitted. A listing of all use group classifications is provided below for your convenience.

### **USE [GROUP] and OCCUPANCY CLASSIFICATIONS**

A-1 Assembly- Theater with stage	H-3 High Hazard – Combustion, Physical	R-4 buildings, structures or portions
A-2 Assembly- Theater without stage	H-4 High Hazard – Health	thereof for more than five but not
Night Club, Dance Hall	I-1 Institutional (Residential Care)	more than 16 persons, excluding staff,
A-3 Assembly- Museum, Library	Supervised residential home for 6+	who reside on a 24-hour basis in a
Restaurant, Lecture Hall	I-2 Institutional (Incapacitated)- Medical	supervised residential environment,
A-4 Assembly- Religious, Church	Nursing Care	custodial care and are capable of slow
A-5 Assembly- Outdoor, Grandstand,	I-3 Institutional (Restrained) – Jail,	evacuation.
Tent Stadium, Coliseum	Asylum, Reformatory	R-5 Residential- Detached 1 & 2 family
B – Business use	M – Mercantile building	Units, up to 3 stories
E – Educational/Day Care	R-1 Residential (less than 30 days)	S-1 Storage- Moderate Hazard
F-1 – Factory & Industrial- Moderate	Hotels, Motels, Boarding Homes	S-2 Storage- Low Hazard
Hazard	R-2 Residential (more than 29 days)-	U Utility- Accessory buildings
F-2 - Factory & Industrial- Low Hazard	Multi Family Dwellings, Dormitories	Miscellaneous structures
H -1 High Hazard- Detonation	R-3 Residential- 1 & 2 family units	
H-2 High Hazard – Deflagration	5 lodgers or less each	

**Section II: Owner Information** – If the owner is a corporation, state the corporate name in the space provided for *Owner Name (1)* and the name of the person or department to which future correspondence should be directed in the space provide for *Owner Name (2)*: In addition, please complete the owner telephone number, email address and indicate ownership type. If the ownership is *Government*, please fill in type of government (i.e. Local, County, State or Federal,) in the space provided. **OWNERS INFORMATION MUST BE A NEW JERSEY MAILING ADDRESS**

**Section III: in State Agent Information** - If owner is out of state, this section must be completed. NJ mailing address is required.

Should have any questions or need assistance in completing this application, please contact the Elevator Safety Unit at (609) 984-7833. Once form is completed you may email it to [elevatorsafetyunit@dca.nj.gov](mailto:elevatorsafetyunit@dca.nj.gov)



**State of New Jersey**  
DEPARTMENT OF COMMUNITY AFFAIRS  
101 SOUTH BROAD STREET  
PO Box 816  
TRENTON, NJ 08625-0816

**PHILIP D. MURPHY**  
*Governor*

**LT. GOVERNOR SHEILA Y. OLIVER**  
*Commissioner*

Dear Sir/Madam:

Per changes to 5:23-12.4, which was adopted on 7/19/04, all devices that are registered in the state of New Jersey ***MUST HAVE AN OWNER OR OWNER REPRESENTATIVE RESIDING OR HAVE AN OFFICE IN THE STATE OF NEW JERSEY TO ACCEPT SERVICE.***

It is the responsibility of the owner to notify the Department of any changes to the identity, mailing address or phone number of the owner or representative. **ANY CHANGE SHALL BE REPORTED TO THE DEPARTMENT IN WRITING WITHIN 30 DAYS OF THE CHANGE.**

Should you have any questions, please contact this office at 609-984-7833.