

Date Received

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**ELEVATOR PLAN TRANSMITTAL FORM**  
 STATE OF MAINE  
 OFFICE OF LICENSING AND REGISTRATION  
**ELEVATOR & TRAMWAY SAFETY BOARD**  
 #35 STATE HOUSE STATION  
 AUGUSTA, MAINE 04333  
 TEL# (207) 624-8672 FAX # (207) 624-8636  
 HEARING IMPAIRED # (207) 624-8563

Office Use Only

Check # _____
Amount _____
Cash # _____ 4530 - 1907
Certificate # _____

## CHECK ALL THAT APPLY:

<b>Type of Building:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing <input type="checkbox"/> Addition	<b>Type of Elevator:</b> <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Freight	<b>Modification:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Existing Registration Number _____	<b>EXEMPT FROM 32 MRSA §15228          ACCOMMODATION OF          AMBULANCE STRETCHER</b> <b>Type of Unit:</b> <input type="checkbox"/> Dumbwaiter/Material Lift <input type="checkbox"/> Incline Lift <input type="checkbox"/> Escalator <input type="checkbox"/> Vertical Lift <input type="checkbox"/> Manlift
<b>Will the Elevator Accommodate an Ambulance Stretcher Pursuant          to 32 M.R.S.A. §15228?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, you must request a Variance prior to requesting Plan Approval by submitting a Variance Form			<input checked="" type="checkbox"/> Applied for and received Variance

**PLAN APPROVAL:** The cost for plan review is \$5.00 per \$1,000 of valuation of the installation per unit. The minimum fee is \$35.00 and the maximum fee is \$100.00. Make Check Payable to: Treasurer State of Maine  
**THIS FORM MUST BE SUBMITTED WITH 2 SETS OF PLANS/SPECS FOR REVIEW.**

## COMPANY INSTALLING EQUIPMENT

Name: Pine State Elevator Co.		Registration Number: ECP # 5
Mailing Address: 230 Anderson Street		
City: Portland	State: Maine	Zip Code: 04101
Contact Person: Travis McDuffie	Telephone: ( 207 ) 773 - 7206	

## OWNER INFORMATION

Name: BBB INC.		
Mailing Address: 23 Wildwood Loop		
City: Naples	State: Maine	Zip Code: 04055
Contact Person: Mary Palman	Telephone: 207 - 831- 6339	

## UNIT INFORMATION

Name of Building/Physical Location: Springer's Jewelers - 580 Congress Street		
City: Portland	State: Maine	Zip Code: 04101
Location of Unit In Building (ie lobby gym wing etc.): Existing 4 Story Building with Basement Stop		

Has a variance been granted for this installation?  Yes  No