

# Missouri Division of Fire Safety Elevator Safety Unit

P.O. Box 844  
Jefferson City, MO 65102  
(573)751-2930  
firesafe@dfs.dps.mo.gov

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## **Procedures: To obtain Plan Review approval and issuance of a State Installation/Alteration Permit.**

The following procedures shall be followed to obtain plan review approval and issuance of a state installation/alteration permit:

1. Complete and submit permit application.
2. If applying for ALTERATION permit, include State ID, building location, location of equipment in building, and serial number of equipment involved in alteration.
3. Submit blueprints for machine room, hoistway, and elevator shop drawings for new installations.
4. Submit architectural plans for new construction to include electrical, mechanical and plumbing for structure in which the elevator is to be installed.
5. Submit specifications and new equipment list for alteration. An alteration is defined as; any change or addition to any elevator equipment other than ordinary repairs and replacements.
6. Submit appropriate fees payable to the Missouri Division of Fire Safety.

To avoid delays, please submit plans/documentation at least sixty (60) days before beginning such project.

### **Fee Structure:**

- Plan review fee **\$150.00**
- Fee per elevator opening **\$25.00**
- Installation/Alteration Permit Fee **\$25.00**

### **Platform Lift or Stair Lift:**

- Plan Review Fee **\$75.00 per unit**
- Fee per opening **\$12.50**
- Installation/Alteration Permit Fee **\$25.00**

### **Alterations Only:**

**see table on page 2**

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### **EXAMPLE Elevator:**

Two story building, one elevator, door opens one side on each level, therefore, considered two openings: Total Cost: \$225.00 (Plan Review Fee -\$150.00, openings \$50.00 (\$25.00 X 2), and Permit Fee \$25.00)

### **EXAMPLE Platform Lift:**

- 1 Unit, 2 Openings = Total Cost: \$125.00
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The above information/documents/fee(s) shall be submitted directly to:

**Division of Fire Safety  
Elevator Safety Unit  
2401 East McCarty Street, PO Box 844  
Jefferson City, MO 65101  
(573) 751-2930**

## Revised Section 8.7 Table

May 2007

**Alteration that requires a full permit fee, plan review, and inspection. Requires fee of \$150.00, plus \$25.00 for each floor opening, including the bottom floor, plus \$25.00 permit fee.**

Item	Electric	Hydraulic	MW & Es
**Alternating current, change to direct current	8.7.2.27.3	8.7.3.31.4	
*Car, increase/decrease in dead weight of	8.7.2.15.2	8.7.3.21	
**Controller	8.7.2.27.4	8.7.3.31.5	
**Direct current, change to alternating current	8.7.2.27.3	8.7.3.31.4	
**Driving machine	8.7.2.25.1	8.7.3.23.1	
*Driving machine, change in location	8.7.2.25.2	8.7.3.23.6	
**Electrically operated control valve		8.7.3.24	
**Freight elevator change to passenger service	8.7.2.16.3	8.7.3.17	
*Increase in rated load	8.7.2.16.4	8.7.3.20	
**Increase in rated speed	8.7.2.17.1	8.7.3.22.2&3	
*Increase in travel	8.7.2.17.1	8.7.3.22.1	
*Operation, change in type of	8.7.2.16.1	8.7.3.17	
**Pressure, working change in		8.7.3.23.4	
*Addition of elevator to existing hoistway	8.7.2.1.2	8.7.2.1.2	
**Car decrease or increase in dead weight of	8.7.2.15.2	8.7.3.21	
*Decrease in travel	8.7.2.17.1	8.7.3.22.1	
*Freight elevator permitted to carry passengers	8.7.2.16.3	8.7.3.19	
*Location of driving machine, change in	8.7.2.25.2	8.7.3.23.4	
*Location of hydraulic jack, change in		8.7.3.23.5	
*Location of hydraulic machine, change in		8.7.3.23.6	
*Relocation of moving walk			8.7.6.2
*Relocation of escalator			8.7.6.2
*Top of car operating device	8.7.2.27.1	8.7.3.31.1	

**Alteration that requires permit and inspection (1003.3 and 1006.3)**  
**Only requires \$25.00 fee**

<b>Item</b>	<b>Electric</b>	<b>Hydraulic</b>
*Buffer	8.7.2.23	8.7.3.27
*Car safeties	8.7.2.18	8.7.3.15
**Check valve		8.7.3.24
**Control valve		8.7.3.24
*Counterweight safeties	8.7.2.18	8.7.3.15
*Hydraulic Jack		8.7.3.23
**Door, power operation of	8.7.2.12	8.7.3.10
**Emergency operation (not signaling devices)	8.7.2.28	8.7.3.31.8
**Final terminal stopping device	8.7.2.26	None
**Firefighters service	8.7.2.28	8.7.3.31.8
*Governor	8.7.2.19	8.7.3.16
**Governor rope (not if same type, size and material)	8.7.2.19	8.7.2.16
**Guide rail	8.7.2.24	8.7.3.28
**Hoist-way door, power operation of	8.7.2.12	8.7.3.12
**Normal terminal stopping device	8.7.2.26	8.7.3.30
**Piping supply		8.7.3.24
*Piston		8.7.3.23.2
**Rope, suspension (not if same type, size & material)	8.7.2.21.1	8.7.3.25.1
**Plunger Gripper		8.7.3.23.7
*Operating device	8.7.2.27	8.7.3.31
*Overlay	8.7.2.27.6	8.7.3.31.5
**Sleeving		8.7.3.24
*Spring Buffer	8.7.2.27	8.7.3.27
**Wire Rope	8.7.2.21	8.7.3.25
**Valve		8.7.3.24
**Brake	8.7.2.25.1	
**Capacity	8.7.2.16	

**All other alterations are required to conform to A17.1-2004 with 2005 Addendum and 2005 Supplement section 8.7.**

- \* Plans submitted with permit
- \*\* Scope submitted with permit



MISSOURI DEPARTMENT OF PUBLIC SAFETY  
 MISSOURI DIVISION OF FIRE SAFETY  
 ELEVATOR SAFETY UNIT

P.O. BOX 844, JEFFERSON CITY, MO 65102 (800) 877-5688

**INSTALLATION/ALTERATION PERMIT APPLICATION**

DATE

STATE ID

**OFFICE USE ONLY**

APPROVAL

TYPE OF ACTION <input type="checkbox"/> INSTALLATION <input type="checkbox"/> ALTERATION	EQUIPMENT TYPE	<input type="checkbox"/> ELEVATOR - FREIGHT - HYDRAULIC	<input type="checkbox"/> ESCALATOR	<input type="checkbox"/> PERSONNEL LIFT
	<input type="checkbox"/> ELEVATOR -PASS -HYDRAULIC <input type="checkbox"/> ELEVATOR - PASS - TRACTION	<input type="checkbox"/> ELEVATOR - FREIGHT - TRACTION <input type="checkbox"/> DUMBWAITER	<input type="checkbox"/> MOVING WALK <input type="checkbox"/> MAN LIFT	<input type="checkbox"/> PLATFORM LIFT <input type="checkbox"/> STAIR LIFT

LOCATION (ADDRESS, CITY, STATE, ZIP CODE)	LOCATION IN BUILDING	BUILDING USAGE
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APPLICANT NAME	APPLICANT ADDRESS	APPLICANT CITY, STATE, ZIP CODE
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OWNER NAME (IF DIFFERENT FROM APPLICANT)	OWNER ADDRESS	OWNER CITY, STATE, ZIP CODE
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SHAFT <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	MANUFACTURER	SERIAL NUMBER
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NUMBER OF LANDINGS	NUMBER OF OPENINGS	CAPACITY (POUNDS) (PEOPLE PER MINUTE)	CONTRACT SPEED (FPM)	PLATFORM SIZE (FEET X FEET) <b>X</b>	TYPE OF SAFETY
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NUMBER OF OPENINGS IN CAR	BUFFERS <input type="checkbox"/> SPRING <input type="checkbox"/> OIL	STROKE: LOAD RATING:	DEPTH OF PIT
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MOTIVE POWER (VOLTS)	AC	DC	PHASE
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TYPE OF MACHINE	REVERSE PHASE RELAY
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TYPE OF GOVERNOR	GOVERNOR CABLE SIZE
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HOISTING CABLES NUMBER:                      SIZE:	HYDRAULIC CASING AND PISTON CASING DIAMETER:                      PISTON DIAMETER:
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MAIN RAILS (STEEL REQUIRED) SIZE:	COUNTERWEIGHT RAILS (STEEL REQUIRED) SIZE:
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ARCHITECTS NAME AND PHONE NUMBER	ADA COMPLIANT <input type="checkbox"/> YES <input type="checkbox"/> NO
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CONTRACTOR NAME(S) AND ADDRESS(ES)  _____
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PLANS PREPARED BY	ELEVATOR MANUFACTURER	ELEVATOR INSTALLED BY
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I will see to it that the proposed work is faithfully carried out as described in this application and as shown on the plans accompanying same, and not otherwise. Provisions of laws and ordinances applying to the premises and the proposed work will be complied with whether stated in application and plans or not. Local code compliance is required if applicable.

TOTAL PERMIT FEE	AGENT NAME, ADDRESS
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