



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

elevator@tdlr.texas.gov • www.tdlr.texas.gov

ELEVATOR /ESCALATOR PLAN REVIEW FORM INSTRUCTIONS

This form should be completed by the registered contractor.

1. **BUILDING NAME AND LOCATION** – Please provide the ACTUAL street address of the building containing the equipment or the closest cross street if the address has not been assigned. (ex: the address 911 would use).
2. **REGISTERED CONTRACTOR NAME** – Write the name of the TDLR registered contractor.
3. **CONTRACTOR REGISTRATION NUMBER** – Write the TDLR-issued contractor registration number as it appears on the registration certificate.
4. **CONTRACTOR CONTACT INFORMATION** – Write the address of the contractor submitting the plan review and return the completed form to the Texas Department of Licensing and Regulation. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
5. **CONTACT PERSON INFORMATION** – Write the name and phone number, including the area code, of the person TDLR can contact about the submitted plan review.
6. **TYPE OF PLAN REVIEW** – Check the type(s) of plan review requested. If alteration is checked, include the existing ELBI number and decal number(s) of the equipment.
7. **DO YOU WANT AN EXPEDITED PLAN REVIEW** – The expedited plan review shall occur in accordance with rules 74.115 with a 5-business day turn around and completed submission. Select YES or NO to indicate if an expedited plan review is requested. Extra fees apply.
8. **LIST THE UNITS TO BE INSTALLED OR ALTERED** – Provide a complete list of the units to be installed or altered. Include how many units, type of units, and a short description of the installation or alteration. (Converting to material lift, freight elevator, MRL, jack replacement, cab replacement, controller change out, modifications, etc.
9. **FEES** – Include the applicable fees:
 - **Standard Review:** \$200 per unit, maximum fee \$5,000.
 - **Expedited Review:** \$1,000 per unit, no maximum fee.
 - **Amended Review** of previously approved plans: \$100 per unit, maximum fee \$2,500.

ATTACHMENTS - Attach the following documents to the application:

- For all new installations and alterations that include relocation of the driving machine, attach a single copy of the layout drawings (per unit) on an 8 1/2 x 11" sized paper as specified in the currently adopted A17.1 Elevator Code.
- For all alterations, attach a copy of the scope of work describing all work to be performed as part of the alteration. Scope of work shall be on 8 1/2" x 11" company letter head.
- Attach a single set of layout drawings (per unit) scope of work descriptions (as applicable) and the total application fees to this application and submit to the Department at the address shown above.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit tdlr.texas.gov. You can request assistance or submit required attachments via <https://qa.tdlr.texas.gov:1443/form/csgeneralinquiry> or fax (512) 463-9468. You may contact Customer Service Representatives by calling (800) 803-9202 (in state only), or (512) 463-6599, Relay Texas - TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday from 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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ELEVATOR/ESCALATOR AND RELATED EQUIPMENT PLAN REVIEW FORM

ALL INFORMATION MUST BE TYPED OR PRINTED

1. Building Name & Location: Please provide the ACTUAL street address below. (a PO box cannot be used)

Building Name, Number, Street Name, Suite Number/Apartment Number City State, Zip Code

2. Registered Contractor Name:

3. Contractor Registration Number:

4. Contractor Contact Information:

Email Address:

Number, Street, Suite No./Apt. No, City, State, Zip Code

(Ex: johndoe@aol.com) See instructions for disclosure information

5. Contact Person Information:

Contact Name

()
Area Code

Phone Number

6. Type of Plan Review: (Check all that apply)

New Installation in New Building

New Installation in Existing Building

Amended Plan Review

Alteration:

List Existing ELBI Number and Decal Number(s)

7. Do you want an Expedited Plan Review? (Extra fees apply)

Yes

No

8. List Units to be Installed or Altered: Use additional sheets if necessary

Number of Units	Type of Unit (Electric, Hydraulic, Escalator, Moving Walk, LULA, Wheelchair Lift)	Description of the Installation or Alteration See instructions for a detailed description

9. Fees: Standard Review: \$200 per unit, Maximum fee \$5,000.

Expedited Review: \$1,000 per unit, no maximum fee.

Amended Review of previously approved plans: \$100 per unit, maximum fee \$2,500.

Fee Amount

Submitted: \$

AREA BELOW IS FOR DEPARTMENT USE ONLY - DO NOT WRITE IN THIS AREA

Applicable Code Edition:

Department Tracking #:

ELBI #:

Department Comments:

TEXAS DEPARTMENT OF LICENSING AND REGULATION

The following requirements, if checked, are applicable:

IBC requires tank to be above flood plain elevation.

All work shall conform with the applicable provisions of sect. 8.7.

NOTE: The design, material, installation and construction must comply with applicable rules, codes and are subject to field inspection.