

Elevator Program
PO Box 44480
Olympia WA 98504-4480

Phone: 360-902-6130
Email: ElevatorSect@Lni.wa.gov

www.Lni.wa.gov/Licensing-Permits/Elevators

Notes to the Building Official

- This form brings to your Department's attention that the conveyance listed below is proposed for installation in an existing building with your jurisdiction.
- Notify the installer or building owner if you have any regulations that would prohibit this installation or removal. Do not approve this form if so.
- The Elevator Program will approve the conveyance type listed below for existing buildings, on a case by case basis. The conveyance type listed below does not meet the minimum size requirements for new construction required to be accessible per the current edition of the IBC Chapter 11 Accessibility with WA Amendments.
- If you have any questions, please contact us at the email or telephone number above.

Conveyance Installation

Indicate the conveyance type being installed:

- Inclined Wheelchair Lift – *The travel shall not exceed 30 ft. ASME A18.1 section 3.7.1*
- Vertical Wheelchair Lift – *The travel shall not exceed 14 ft. ASME A18.1 section 2.7.1.*
- Inclined Stairchair Lift – *ASME A18.1 section 4.7.1*
- Limited Use / Limited Application (LULA) elevator (does **not** meet accessibility requirements for new construction). – *Travel shall not exceed 25 ft. ASME A17.1 section 5.2.1.16.5*

All conveyances must be installed per code. Any deviation from the code shall require a [variance](#) from the Department of Labor & Industries Elevator Program prior to a permit being issued.

Name of Installer	License Number of Installer	Telephone Number	
Building Name where Conveyance is Located	Location Contact	Telephone Number	
Street Address	City	State	Zip Code

Acknowledge By:

Approved

Not Approved

Name of Building Official	Title	Phone Number
Signature		Date