## Iowa Division of Labor Elevator Safety

150 Des Moines Street Des Moines, IA 50309-1836 Phone: 515-725-5612/515-725-5608

Fax: 515-242-5076 elevators@iwd.iowa.gov www.iowaelevators.gov

## Wind Tower Lift Permit Application

FOR OFFICE USE ONLY							
Date approved:	Ву:						
WT Permit #:							
Date received:	Check #:						

Please type or print clearly. No installation or alteration shall begin until a permit has been issued. Submit a complete application package in order to prevent delays. New installations require 2 copies of the project details set forth in 875 IAC 71.5. Plans must be submitted on 11"x17" paper. A single electronic plan submittal shall be made with sufficient resolution to not lose detail when enlarged. A building code analysis document must also be submitted. Each lift to be installed must be listed on the Wind Tower Lift Identification page.

## **Fee Schedule**

\$500.00 per wind tower – This fee includes the initial inspection, the first year operating permit and the issuance of a single installation permit for all of the identical wind tower lifts installed in identical wind towers in a single wind farm as the result of one construction contract. Make checks payable to: Flevator Safety.

one construction contract. Ma	ke cnecks pay	able to: Elevato	or S	sarety.				
Wind farm name				County			Total # of lifts covered	
						by this app:		
Wind farm address			City			State	Zip	
Wind farm owner's name			Wind farm billing name					
Wind farm owner's address Same as wind farm address			City			State	Zip	
Wind farm billing address Same as wind farm address				City			State	Zip
Construction trailer location								
Jobsite contact name	Jobsite contact p			phone number		ontact ei	email address	
Manufacturer Manu			Manufacturer contact name		Manufacturer contact phone number			
						ı		
Rated speed	Capacity	Capacity		Training required		Personal gear permissible		
Fpm m/s		Fpm m/s		Yes No		Yes No		
Manufacturer serial number Attached list with additional serial numbers				Manufacturer model name				
Special instructions								
I certify that the information	on this form	and the attac	hm	ents is true and acc	urate to th	e best o	of my kn	owledge.
			one number	Email address				
Signature				Date				

## **Winder Tower Lift Identification**

#	Permit number (do not fill out)	Tower ID	Latitude (GPS coordinates)	Longitude (GPS coordinates)	\$500.00 fee paid	
1					Yes	No
2					Yes	No
3					Yes	No
4					Yes	No
5					Yes	No
6					Yes	No
7					Yes	No
8					Yes	No
9					Yes	No
10					Yes	No
11					Yes	No
12					Yes	No
13					Yes	No
14					Yes	No
15					Yes	No
16					Yes	No
17					Yes	No
18					Yes	No
19					Yes	No
20					Yes	No
21					Yes	No
22					Yes	No
23					Yes	No
24					Yes	No
25					Yes	No
26					Yes	No
27					Yes	No
28					Yes	No
29					Yes	No
30					Yes	No
31					Yes	No