



TOWN of GREENBURGH

DEPARTMENT OF BUILDINGS

177 Hillside Avenue, Greenburgh, New York 10607

(914) 989 - 1568

(914) 993 - 1570

www.Greenburghny.com

email: building@greenburghny.com

APPLICATION INSTRUCTIONS ELEVATOR/CONVEYANCE/LIFT INSPECTION CERTIFICATE

APPLICATION FORM: Return the following to the Town of Greenburgh Building Department

- **Completed application form**
- **Certificate fee \$75.00 (made payable to *Town of Greenburgh*) (per unit)**
- **Inspection report completed by a Town of Greenburgh licensed elevator inspector**

Incomplete application will be returned

As the owner of the elevator / conveyance / lift, you are required to arrange for both semi-annual inspections (detailed and visual inspection) by contacting a licensed Town of Greenburgh elevator inspector.

Once the detailed inspection report has been performed, you must submit the inspection report to this office with the attached application and certificate fee of \$75. The inspection report must contain a statement from the inspector that the unit is "*deemed safe for use*". Your certificate expires December 31st of each year. The visual inspection report is to be kept on file on site and made available upon request.

Failure to file the required application(s) and inspection report(s) within 15 days of expiration of your certificate may result in the issuance of a Notice of Violation and the elevator(s)/conveyance(s)/ lift(s) will be taken out of service. Further failure to abate violations, can result in **fines in amount not exceeding \$1,500 or be imprisoned for a period not exceeding 15 days, or both.**

Date Received



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BUILDING DEPARTMENT**

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*Office Use Only
Do not write in this box*

Cert # _____

Approved by: _____

**ELEVATOR / CONVEYANCE / LIFT
CERTIFICATE RENEWAL APPLICATION**

Amount Due: \$75 per unit

A completed application and inspection report must be submitted per unit. Duplicate form as necessary

SUBJECT PROPERTY INFORMATION

Street Address _____ City _____ Zip _____

Parcel Id: _____ Use of Building: _____ # of Floors: _____

OWNER/LESSEE INFORMATION

Owner _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Lessee/Manager _____ Phone # _____

Address _____ City _____ State _____ Zip _____

UNIT INFORMATION

Passenger Elevator # _____ Freight Elevator # _____ W.C. Lift

Escalator Conveyor Moving Walk Other: _____

Speed _____ Capacity _____ Manufacturer: _____ Model _____

Hydraulic Cable Traction Other: _____ Location of Unit: _____

INSPECTOR INFORMATION

Inspection Company: _____

Address: _____

Phone: _____ Email: _____

Inspector Name: _____ Inspector Town Permit # _____

Signature of Applicant

Print Name

Date