



**ELV-22 PRE-CLEARANCE INSPECTION/TEST REQUEST**

Date: \_\_\_\_\_

Elevator Co. Name: \_\_\_\_\_

Elevator Application Number: \_\_\_\_\_

Location: \_\_\_\_\_, NY.

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Device Number(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Please select one:

Punchlist

Dismantle

Removal

Full Load Test

*A Request For A Pre-inspection Clearance Must Be Accompanied By A Department of Buildings' Cashier's Receipt of Payment of A Non-refundable Fee in the Amount Of **\$200.00 Per Device.***

**Requested Date:** \_\_\_\_\_ **Requested Time:** \_\_\_\_\_ **A.M.** **P.M.**

INTERNAL USE ONLY

**Elevator Division Appointment Schedule Approval:**

Date: \_\_\_\_\_

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title