

ELEVATOR VARIANCE FORM

DATE RECEIVED _____

STATE OF MAINE
Dept of Professional & Financial Regulation
Office of Licensing & Registration
ELEVATOR & TRAMWAY SAFETY BOARD
#35 STATE HOUSE STATION
AUGUSTA, Maine 04333
TEL# (207)624-8672 FAX# (207)624-8637
HEARING IMPAIRED # (207)624-8563

OFFICE USE ONLY

Ck# _____

Amount: _____

Cash #: _____
4530-1450

ELEVATOR VARIANCE FEE: \$100.00 Make check payable to: Treasurer, State of Maine.

Please submit this form along with a set of blueprints, sketches or pictures showing where the elevator is located. You will be notified once a decision has been made.

Name of Person/Company
Requesting Variance _____

Street _____

City _____ State _____ ZIP _____

Phone # (____) _____ - _____ Contact Person: _____

ELEVATOR OWNER INFORMATION

Print
Name _____

Street _____

City _____ State _____ ZIP _____

Phone # (____) _____ - _____ Contact Person (if available): _____

EQUIPMENT INFORMATION

Type: Elevator Manlift Escalator Incline Lift Vertical Lift
 Passenger
 Freight
 Dumbwaiter

Name of Building _____ Elevator Registration# _____

Location _____

City _____ State _____ ZIP _____

Phone # (____) _____ - _____ Contact Person (if available): _____

VARIANCE REQUEST

Deviation from Rule/Standard _____

REASON for deviation: _____

