



Town of Oyster Bay
Department of Planning and Development
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 Oyster Bay, New York 11771
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ELEVATOR/LIFT INSPECTION REPORT AFFIDAVIT

Registry Number _____
 (If the registry number is not listed, all paperwork will be returned.)

ADDRESS OF ELEVATOR INSTALLATION _____

TENANCY NAME (IF APPLICABLE) _____

NAME OF PROPERTY OWNER OR AGENT _____

MAILING ADDRESS _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

ELEVATOR INSPECTION COMPANY _____

MAILING ADDRESS _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

TYPE OF ELEVATOR: HYDRAULIC _____ CABLE _____ WHEELCHAIR LIFT _____

NUMBER OF ELEVATORS: PASSENGER _____ FREIGHT _____

- | | | |
|-------|-------|--------------------------------------|
| YES | NO | |
| _____ | _____ | 1. MIRROR IN PASSENGER ELEVATOR |
| _____ | _____ | 2. SPACE FOR 6" X 9" INSPECTION CARD |
| _____ | _____ | 3. EMERGENCY LIGHTING |
| _____ | _____ | 4. MAINTENANCE SERVICE |

THIS IS TO CERTIFY THAT THE ABOVE MENTIONED ELEVATOR INSPECTION COMPANY HAS BEEN ENGAGED IN REPAIR, SERVICING AND MAINTENANCE OR INSTALLATION OF ELEVATORS/LIFTS. THE ELEVATOR SERVICING COMPANY IS EMPLOYING SERVICE MECHANICS WITH A MINIMUM OF FIVE (5) YEARS EXPERIENCE IN SUCH REPAIRS, MAINTENANCE OR INSTALLATIONS OF ELEVATORS/LIFTS, OR AN INSURANCE COMPANY OR A LICENSED PROFESSIONAL ENGINEER ON _____, IN ACCORDANCE WITH CAHPTER 93 (BUILDING CONSTRUCTION), ARTICLE IV (INSPECTIONS OF ELEVATORS) OF THE CODE OF THE TOWN OF OYSTER BAY, THE NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE, THE AMERICAN NATIONAL STANDARD AND SAFETY CODE A17.1 AND INSPECTORS MANUAL A17.2. THIS CURRENT INSPECTION REVEALS THAT THE ELEVATOR/LIFT EQUIPMENT IS IN PROPER WORKING CONDITION AND OPERATING NORMALLY. A PRESSURE TEST WAS CONDUCTED ON _____ AND A LOAD TEST WAS CONDUCTED ON _____. THE ABOVE MENTIONED ELEVATOR CONTAINS MIRRORS AS PER THE TOWN OF OYSTER BAY CODE.

 SIGNED

 NAME PRINTED OR TYPED

SWORN TO BEFORE ME THIS _____

 TITLE

DAY OF _____ 20 _____

 NOTARY

IF ANY ELEVATOR FAILS TO MEET THE SPECIFICATIONS FOR ITS SAFE OPERATION, SAID ELEVATOR/LIFT'S USE SHALL BE SUSPENDED UNTIL SUCH TIME AS THE UNSAFE CONDITION IS REMEDIED. LIST BELOW ANY UNSAFE CONDITIONS THAT EXIST AND MAIL TO THE ABOVE NOTED ADDRESS.

COMMENTS: _____
