## **WEST VIRGINIA DIVISION OF LABOR**

1900 Kanawha Boulevard East - State Capitol Complex - Building 3, Room 200 - Charleston, WV 25305 Email: Safety@wv.gov - Fax: (304)558-2415 - Telephone: (304)558-7890 - Website: labor.wv.gov

## **Incompatibility / Exception Request for An Elevator**

## **Applicant Information**

| Na                                   | ame of Person or Compa     | ny Applying for an Ex | cception               |
|--------------------------------------|----------------------------|-----------------------|------------------------|
| Add                                  | Iress                      |                       | Email Address          |
| Phone #                              |                            |                       | Name of Contact Person |
|                                      | er Information (if di      | fferent from App      |                        |
| N                                    | ame of Owner, Address,     | Email Address and P   | hone #                 |
|                                      |                            |                       |                        |
|                                      | Building I                 | nformation            |                        |
|                                      | Name o                     | of Building           |                        |
|                                      | Buildin                    | g Address             |                        |
|                                      | Elevator I                 | nformation            |                        |
|                                      |                            |                       |                        |
| Type of Unit or Equipmen             | nt                         | EV Number             | Serial Number          |
| Гуре of Construction:                | New                        |                       | Alteration             |
|                                      | . (.) 5 11                 | 15 141                |                        |
|                                      | nt of the Problem ar       | iu Proposeu Aitei     | nate Method            |
|                                      |                            |                       |                        |
|                                      |                            |                       |                        |
|                                      |                            |                       |                        |
|                                      |                            |                       |                        |
|                                      |                            |                       |                        |
|                                      |                            |                       |                        |
|                                      |                            |                       |                        |
|                                      |                            |                       |                        |
|                                      | Description of the         | Problem(s) or Issue(  | 5)                     |
| I.J.                                 |                            | :- ACBAE A47.4        | -Vations               |
| lae                                  | entification of the specif | ic ASIVIE A17.1 codel | s) at issue            |
|                                      |                            |                       |                        |
|                                      |                            |                       |                        |
|                                      |                            |                       |                        |
|                                      |                            |                       |                        |
|                                      |                            |                       |                        |
|                                      |                            |                       |                        |
|                                      |                            |                       |                        |
|                                      | Description of the Alte    | rnate Method(s) Pro   | posed                  |
| Attach diagram, report by engineer,  |                            |                       |                        |
| professional engineer or architect m |                            |                       |                        |
| certify under penalty of perjury tha |                            |                       |                        |
|                                      |                            |                       |                        |
| Printed Nam                          | ne                         | _                     |                        |
| Timed Hum                            | -                          |                       |                        |
| Signature                            |                            |                       | Date                   |