



CHULA VISTA FIRE DEPARTMENT

FIRE PREVENTION DIVISION

Chula Vista Fire Department Elevator Submittal Checklist

Shall be filled out by the Elevator Vendor/Contractor. Fill out form per Simplex, Duplex, or Group/Bank of elevators and transpose onto plans

Required Information	Example	Fill in Required Information for proposed elevator(s) or indicate N/A
Building Address	447 F St.	
Building Height (top of Mechanical or Penthouse Floor)	145 Feet	
Low Rise (LR) or High Rise (HR) and number of stories	HR - 24	
New or Existing Building	New	
Building Occupancy Group(s) served by elevators	R-2, S-2, A-3	
New or Existing Elevator	New	
Elevator Type (Simplex, Duplex, Group/Bank)	Group/Bank	
If Group/Bank, number of cars in the Group	3	
Elevator Car(s) ID	A, B, & C or 1, 2, & 3	
Floors Served by Elevator(s)	24	
Elevator Brand/Model	Otis Gen-2	
Passenger or Freight	Passenger	
Designated (Primary) Recall Floor	B	
Alternate Recall Floor	2	
Fire Service Access or Occupant Evacuation Elevator	N/A	
Elevator Car can accommodate ambulance stretcher (24" x 84") <i>if not, letter shall be furnished by elevator manufacturer requesting exception to CBC 3002.4.3a</i>	No, see attached letter	
Limited Use Limited Access Elevator (ADA use only)	No	
Limited Use Limited Application Elevator (LULA)	No	
Hydraulic or Traction Drive	Traction	
If Traction MRL or Not	MRL	
Traction Suspension Means - Steel Ropes or Steel Coated Belts	Steel Coated Belts FT-1 Rated	
Elevator has a Control Room (Yes/No)	Yes	
Elevator has a Machine Room (Yes/No)	No, MRL	

Elevator Vendor/Contractor: _____ Phone Number/Email: _____