

NJ DCA/ELEVATORS SAFETY UNIT  
**Seasonal Facility**

**Registration #:** \_\_\_\_\_

**Property Street:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Owner Street:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Device Numbers:** \_\_\_\_\_ **Date of last Inspection:** \_\_\_\_\_

**Month and day facility opens** \_\_\_\_\_

**Month and day facility closes:** \_\_\_\_\_

By signing this application I agree to the following statements and state that the above information is correct:

1. That the total number of consecutive calendar days per year when the building is in use by the public, employees, maintenance personnel or occupants does not exceed 184 days and that the building is then closed for such use for at least 181 consecutive calendar days.
2. That the elevator devices in the building are not accessible to members of the public, employees, maintenance personnel or building occupants during the time in which the building is closed.
3. That the disconnects located in elevator device machine rooms and machinery spaces are, during the time in which the building is closed, in the "off" position and locked; and the access to the keys is secured.
4. The seasonal facility classification shall become invalid when the conditions of the classification are no longer met. The owner shall immediately notify the enforcing agency of any change in the conditions upon which the approval of classification as a seasonal facility was based.
5. Classification of a building as a seasonal facility shall not be renewed if the classification becomes invalid as a result of a violation of any conditions of approval of the classification.
6. All test and inspection fees are per 5:23-12.6 and all inspections in seasonal facilities are per 5:23-12.10.

**Date:** \_\_\_\_\_ **Owner:** \_\_\_\_\_

Please return this application to the Elevator Safety Unit, P O Box 816, Trenton NJ 08625. If you have any questions, our telephone number is 609-984-7833 and our fax number is 609-984-7084