



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 13531 Julia Manor Way
City: West Friendship State: MD Zip Code: 21794
Suite/Apt. # _____ SDP/WP/BA #: _____
Subdivision: _____
Lot: 14 Tax Map: 22 Parcel: 7

Property Owner's Name: Patel
Address: 13531 Julia Manor Way
City: West Friendship State: MD Zip Code: 21794
Phone: _____ Fax: _____
Email: _____

Existing Use: SR home
Proposed Use: Same
Estimated Construction Cost: \$ 10,000 -

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Description of Work: Modify 2nd floor install a Stiltz Duo Classic shaftless elevator

Contractor Company: Signature Elevators + Access, Inc. Design LLC
Contact Person: Gary Pace
Address: 850 E Guide Dr #C
City: Rockville State: MD Zip Code: 20850
License No.: 1822
Phone: 301 251 1880 Fax: 301 251 1780
Email: gp@signatureelevators.com

Occupant/Tenant Name: Patel
Was tenant space previously occupied? nk Yes No
Contact Name: Patel
Address: Same
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: _____
Responsible Design Prof.: SEAD
Address: 850 E Guide Dr #C
City: Rockville State: MD Zip Code: 20850
Phone: 301 251 1880 Fax: 301 251 1780
Email: sead@signatureelevators.com

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1st floor: <u>45</u>	<u>60</u>
Area of construction (sq. ft.):	2nd floor: <u>45</u>	<u>60</u>
	Basement: <u>45</u>	<u>60</u>
Use group:	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input checked="" type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grading Permit Number:	
Building Shell Permit Number:	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature] Print Name: Gary Pace
Email Address: gp@signatureelevators.com Date: 6-10-19
Title/Company: _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>6/10/19</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

STRUCTURAL NOTES

ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH INTERNATIONAL BUILDING CODE (IBC), 2015 EDITION AND INTERNATIONAL RESIDENTIAL CODE (IRC), 2015 EDITION, OSHA SAFETY REQUIREMENTS, CODE OF FEDERAL REGULATIONS, TITLE 29, AND STATE CODE OF MARYLAND AND ANY OTHER LOCAL REGULATIONS, LATEST EDITION.

A. DESIGN LOADS:

1. LIVE LOADS:

ROOF	30 PSF
SECOND FLOORS	30 PSF
FIRST FLOORS	40 PSF

2. SNOW LOADS:

GROUND SNOW LOAD P	30 PSF
SNOW WITH DRIFTING SNOW UNDER SECTION 1608.1 (IBC 2006)	30 TO 60 PSF

3. WIND LOADS:

BASIC WIND SPEED	115 MPH
DESIGN PRESSURE	25 PSF

B. SOIL BEARING VALUE:

MINIMUM REQUIRED ALLOWABLE SOIL BEARING CAPACITY:
 2,000 PSF ON ORIGINAL UNDISTURBED SOIL

ALL EXTERIOR FOOTINGS ON UNDISTURBED ORIGINAL SOIL SHALL BE A MINIMUM OF 2'-6" BELOW ADJACENT FINISHED EXTERIOR GRADE. ALL FOOTINGS SHALL BE CARRIED TO AT LEAST 12" BELOW THE UNDISTURBED SOIL. THE BOTTOM OF NEW CONC FOOTING ELEVATION SHALL MATCH WITH THE BOTTOM ELEVATION OF THE EXISTING WALL FOOTING. FOOTING ELEVATIONS HAVE BEEN ESTABLISHED FROM AVAILABLE INFORMATION AND SHALL NOT BE CONSTRUED AS WAIVING ANY OF THE MINIMUM REQUIREMENTS AS STATED ABOVE.

C. STRUCTURAL STEEL:

1. STRUCTURAL STEEL SHALL CONFORM TO AISC "SPECIFICATIONS FOR STRUCTURAL STEEL BUILDINGS" LATEST EDITION.
2. ALL STRUCTURAL STEEL SHALL CONFORM TO ASTM A36M-03a, UNLESS OTHERWISE NOTED.
3. SEE ARCHITECTURAL DRAWINGS FOR ALL REQUIRED MISCELLANEOUS AND PREFABRICATED METAL NOT SHOWN ON STRUCTURAL DRAWINGS.

D. FRAMING LUMBER:

DESIGN AND FABRICATION SHALL BE IN ACCORDANCE WITH THE "NATIONAL DESIGN SPECIFICATION FOR WOOD CONSTRUCTION LATEST EDITION, THE AITC STANDARD AND IBC RECOMMENDED FASTENING SCHEDULE. PLYWOOD SHALL CONFORM TO APA (THE ENGINEERED WOOD ASSOCIATION). MINIMUM REQUIRED WORKING STRESS SHALL BE AS FOLLOWS:
 EXTREME FIBER IN BENDING: SINGLE/REPETITIVE

FRAMING LUMBER:

HORIZONTAL TENSION	1,200/1,400 PSI
HORIZONTAL SHEAR:	800 PSI
COMPRESSION PARALLEL TO GRAIN:	95 PSI
COMPRESSION PERPENDICULAR TO GRAIN:	1050 PSI
MODULUS OF ELASTICITY:	450 PSI
	1,400,000 PSI

FRAMING LUMBER: SOUTHERN PINE NO. 2 OR HEM-FIR NO. 1 OR BETTER

E. GLUED LAMINATED WOOD:

DESIGN AND FABRICATION SHALL BE IN ACCORDANCE WITH THE "NATIONAL DESIGN SPECIFICATION FOR STRESS GRADE LUMBER AND ITS FASTENINGS" LATEST EDITION;ND THE AITC STANDARD. CONFORM TO APA (THE ENGINEERED WOOD ASSOCIATION). MINIMUM REQUIRED WORKING STRESS SHALL BE AS FOLLOWS:

1. GLUED LAMINATED WOOD:

EXTREME FIBER IN BENDING:	2,600 PSI
TENSION PARALLEL TO GRAIN:	2,400 PSI
HORIZONTAL SHEAR:	165 PSI
COMPRESSION PARALLEL TO GRAIN:	2,000 PSI
COMPRESSION PERPENDICULAR TO GRAIN:	415 PSI
MODULUS OF ELASTICITY:	1,760,000 PSI

F. EXISTING STRUCTURE:

ALL EXISTING CONDITIONS, MATERIALS, DIMENSIONS AND ELEVATIONS SHALL BE VERIFIED BY THE CONTRACTOR PRIOR TO BEGINNING WORK. EXTREME CARE AND SAFETY MEASURES MUST BE TAKEN BY THE CONTRACTOR SO AS NOT TO DAMAGE THE EXISTING STRUCTURES IN ANY WAY. ANY DAMAGE RESULTING FROM CONSTRUCTION WORK SHALL BE THE SOLE RESPONSIBILITY OF THE CONTRACTOR. PROVIDE TEMPORARY SHORING AS NECESSARY TO ENSURE SAFETY.

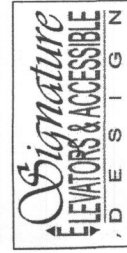
G. MISCELLANEOUS:

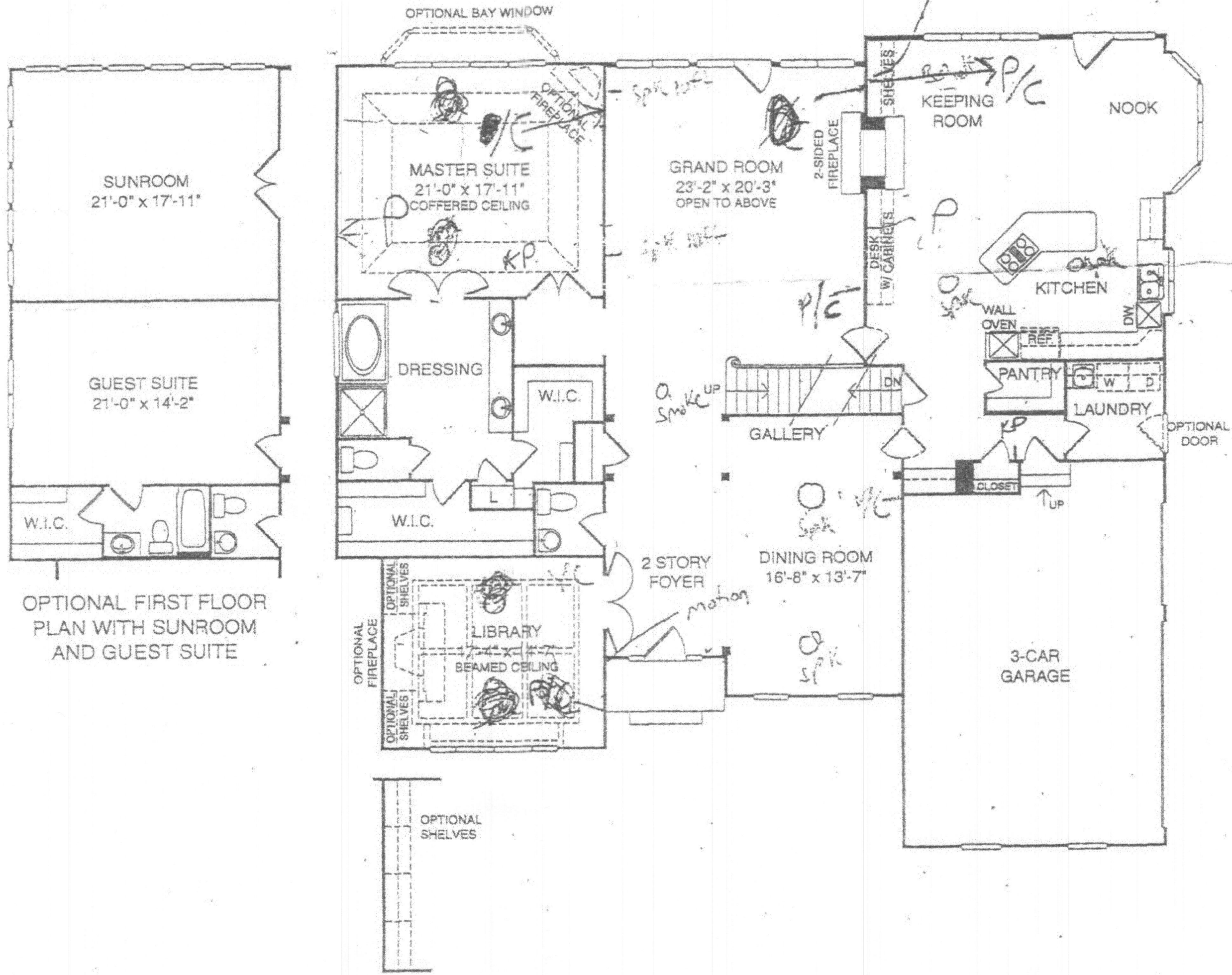
THE CONTRACTOR IS RESPONSIBLE FOR PROVIDING NECESSARY INSERTS, SLEEVES, CLIPS, ANCHORS AND MISCELLANEOUS DEVICES AS MAY BE REQUIRED FOR CONSTRUCTION. DIMENSIONS AND LOCATIONS OF THESE ITEMS SHALL BE VERIFIED BEFORE INSTALLATION.

PROJECT DESCRIPTION:
 Modify 2nd floor
 Install a Stiltz Duo Classic

PROJECT OWNER & LOCATION:
 Patel
 13531 Julia Manor Way
 West Friendship, MD 21794

DRAWINGS PROVIDED BY:
 Signature Elevators & Accessible Design
 850 E Gude Drive Rockville MD 20850
 301-251-1880, 202-359-3286

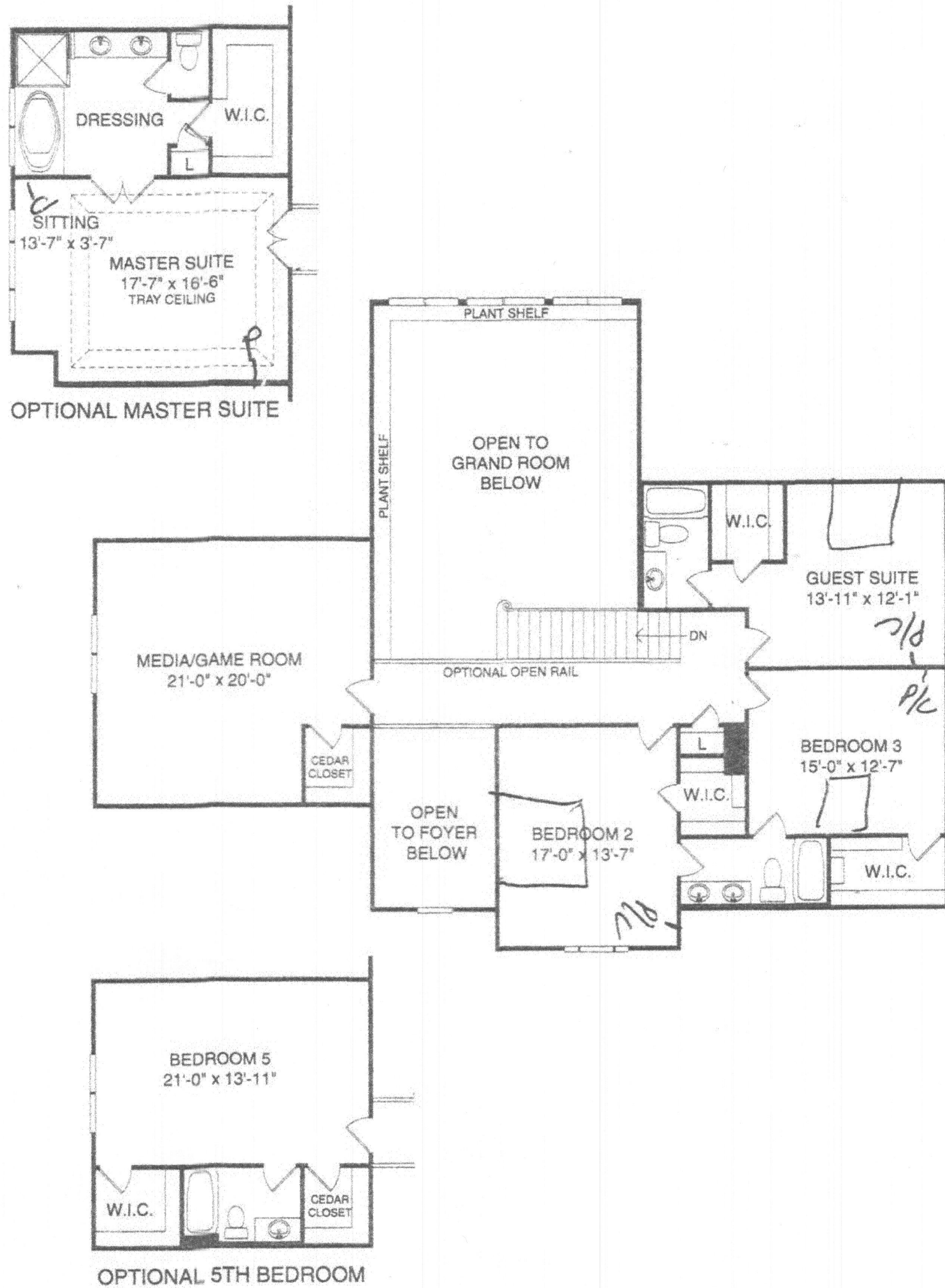




OPTIONAL FIRST FLOOR PLAN WITH SUNROOM AND GUEST SUITE

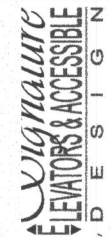
First Floor Plan

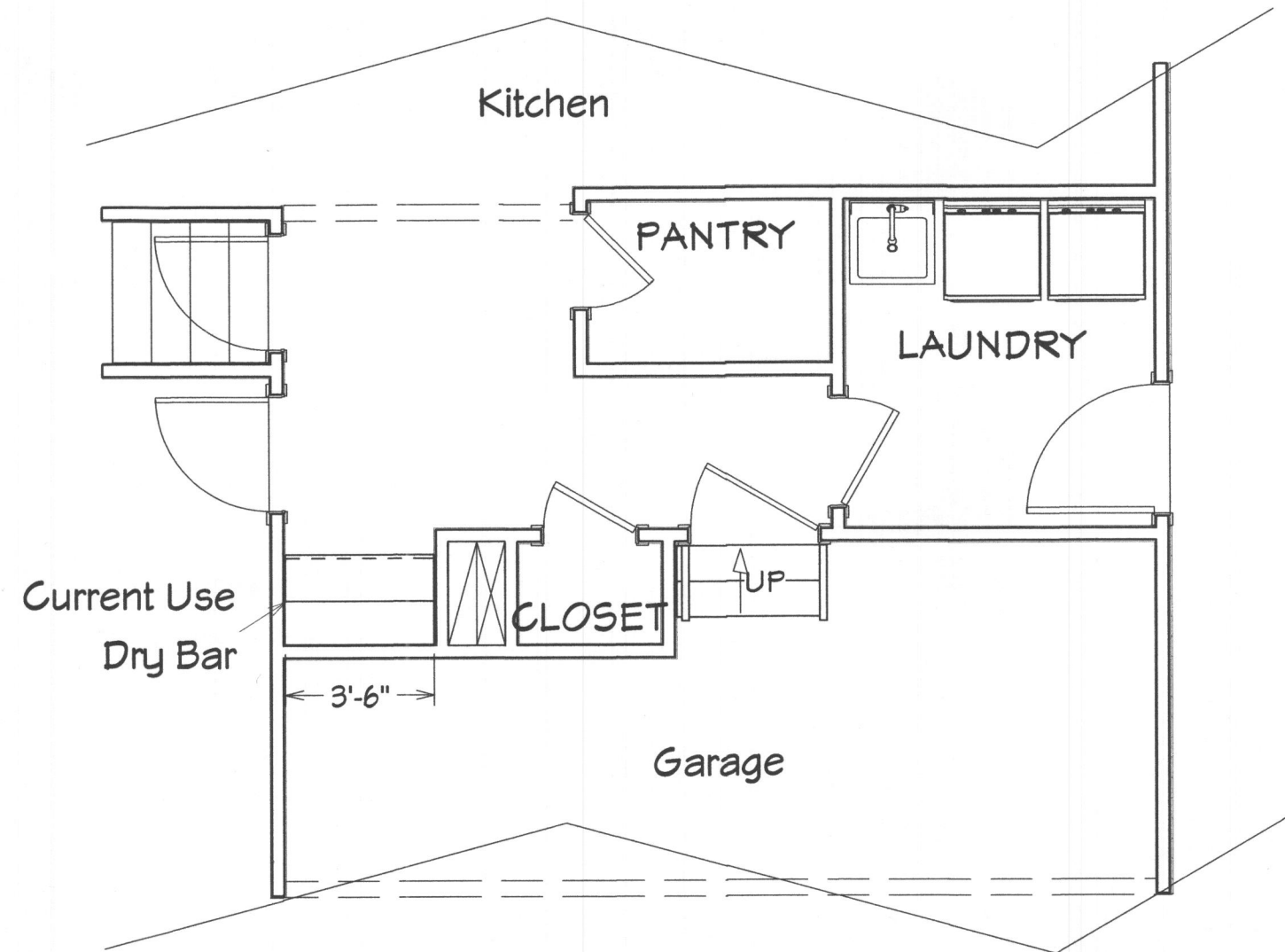
	DRAWINGS PROVIDED BY: Signature Elevators & Accessible Design 850 E Gude Drive Rockville MD 20850 301-251-1880, 202-359-3286	PROJECT OWNER & LOCATION: Patel 13531 Julia Manor Way West Friendship, MD 21794	PROJECT DESCRIPTION: Modify 2nd floor Install a Stiltz Duo Classic	SCALE: 3/16" = 1'	DATE: 6/10/2019	SHEET TITLE: As Is First Floor	2
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Second Floor Plan

DRAWINGS PROVIDED BY: Signature Elevators & Accessible Design 850 E Gude Drive Rockville MD 20850 301-251-1880, 202-359-3286	PROJECT OWNER & LOCATION: Patel 13531 Julia Manor Way West Friendship, MD 21794	PROJECT DESCRIPTION: Modify 2nd floor Install a Stiltz Duo Classic	SCALE: NTS	DATE: 6/10/2019	SHEET TITLE: As Is 2nd Floor	3
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LIVING AREA
348 SQ FT

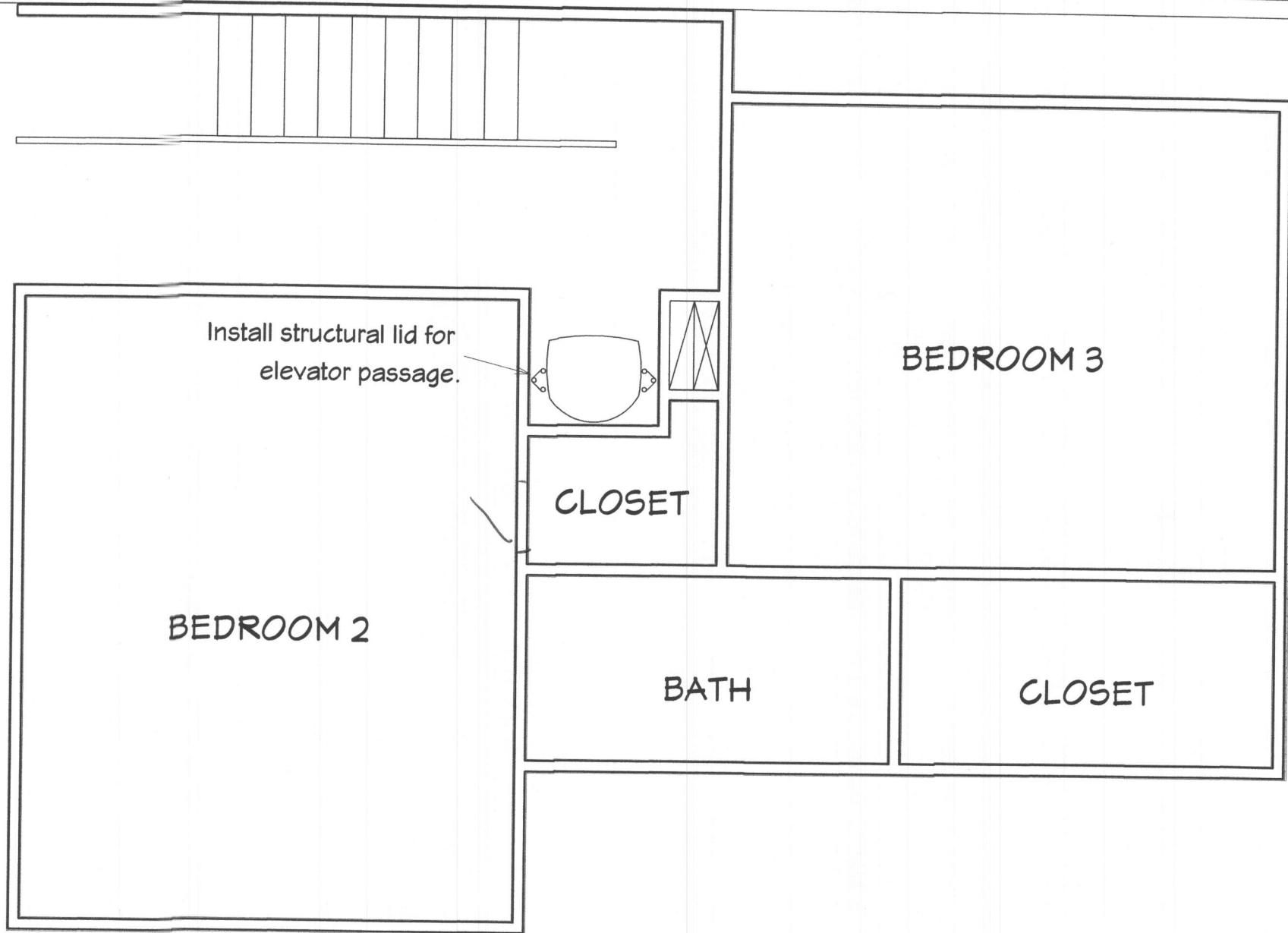
1st Floor



2nd Floor

	DRAWINGS PROVIDED BY: Signature Elevators & Accessible Design 850 E Gude Drive Rockville MD 20850 301-251-1880, 202-359-3286	PROJECT OWNER & LOCATION: Patel 13531 Julia Manor Way West Friendship, MD 21794	PROJECT DESCRIPTION: Modify 2nd floor Install a Stiltz Duo Classic	SCALE: 1/4" = 1'	DATE: 6/10/2019	SHEET TITLE: 1st & 2nd Flr As Is Cond.	4
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2nd Floor



APPROVED WALK-THRU BUILDING PERMIT

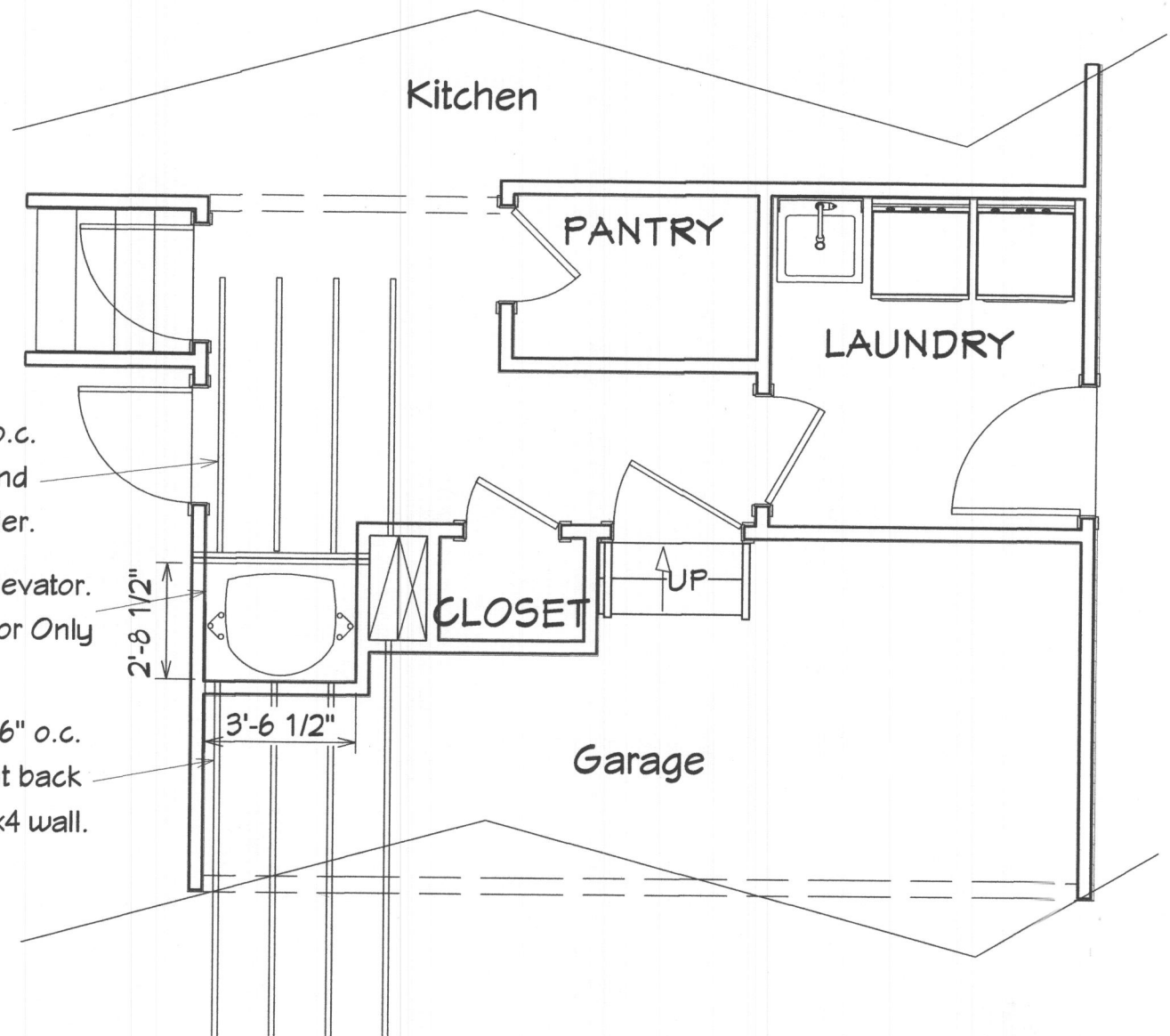
BP# _____ A# _____
 APP. SAN *K. M. Singh* DATE: *6/10/19*
 DESC. OF WORK:
*Approved to install shaft as shown.
 No increase in living space.*

1st Floor

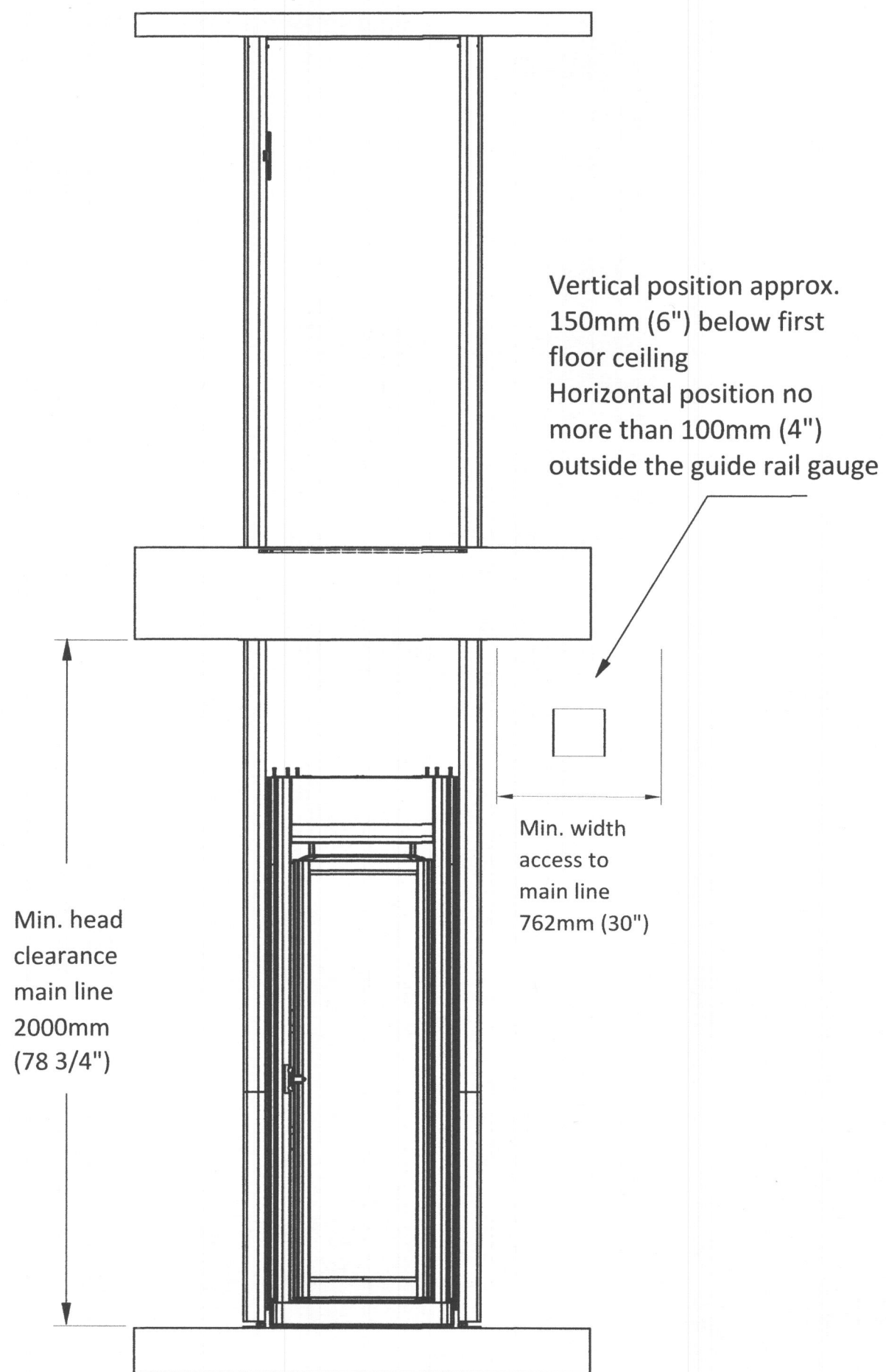
Existing 2.5 x 14" TGI's 16" o.c.
 2nd floor joists cut back and
 headed off with two 2x14 header.

Install Stiltz Duo Classic Elevator.
 Serving 1st & 2nd Floor Only

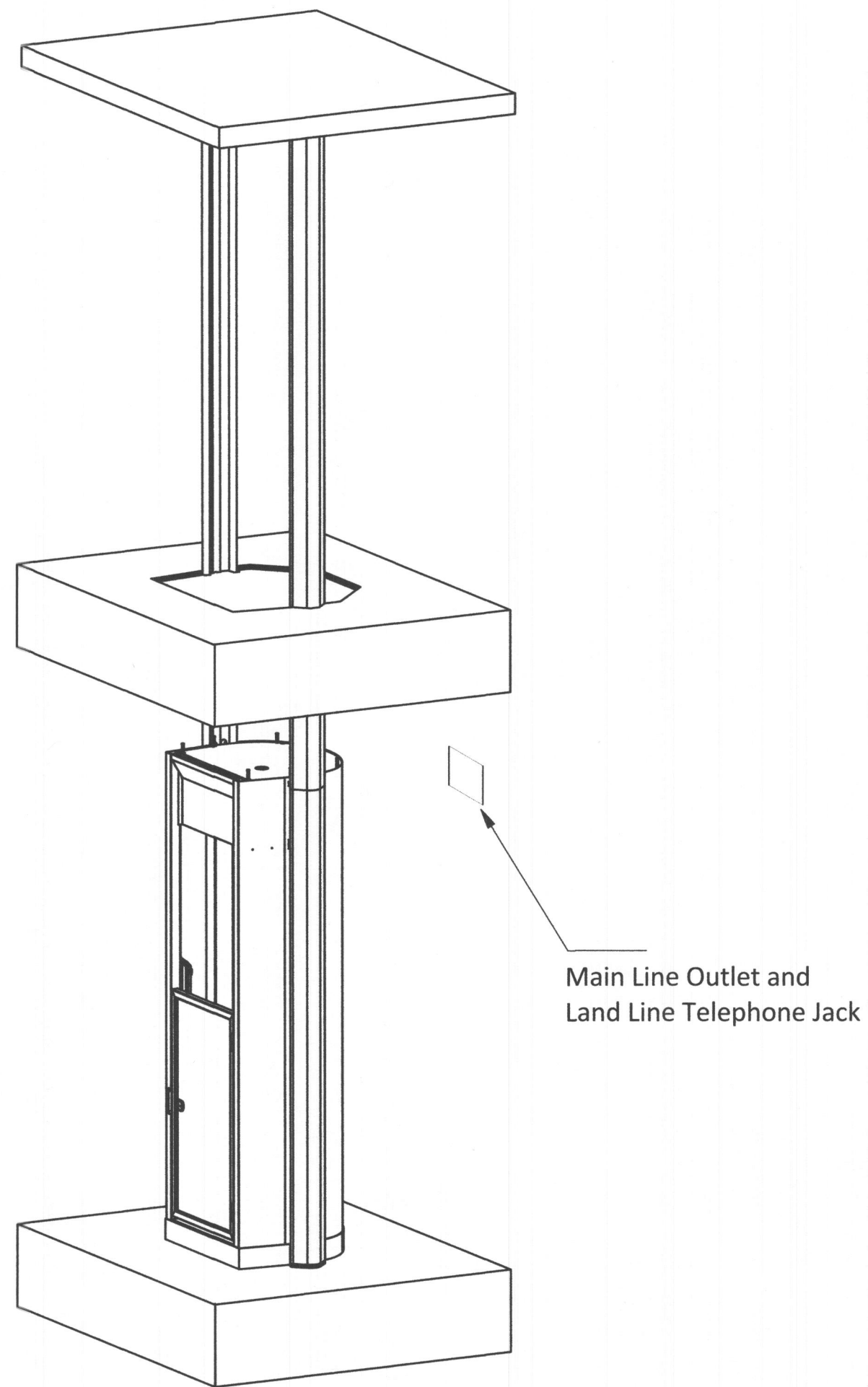
Existing 2.5" by 14" TGI 16" o.c.
 2nd floor joists cut back
 and supported by 2x4 wall.



PRINT MAY BE REDUCED - DO NOT SCALE.



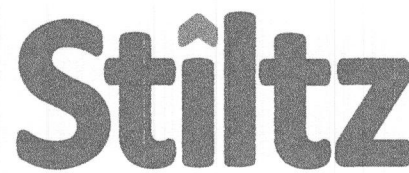
Outlet can be positioned near either left or right guide rail section



The single socket is 220v AC and can be sourced from the step-up transformer or a dedicated 220v line.
If using a 220v line the circuit breaker must be 2 pole that breaks both 110v phases.

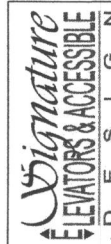


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©		TITLE	
Drawn	Wagon Wang	Date	2018/07/02
THIRD ANGLE PROJECTION - AS 1100		Duo Electrical Position	
A4	Dwg No	CUSTOMER. 17	PAGE
	SCALE:		17 OF 17

6	SHEET TITLE:	Electrical
SCALE:	DATE:	6/10/2019
PROJECT DESCRIPTION:	Modify 2nd floor Install a Stiltz Duo Classic	
PROJECT OWNER & LOCATION:	Patel 13531 Julia Manor Way West Friendship, MD 21794	
DRAWINGS PROVIDED BY:	Signature Elevators & Accessible Design 850 E Gude Drive Rockville MD 20850 301-251-1880, 202-359-3286	



PRINT MAY BE REDUCED - DO NOT SCALE.

No compression load on ceiling
Possible lateral load of 8kg(17.6 Lbs)
2 fixed pins in shear with ceiling

No load bearing on 1st floor
fixings used to maintain rail guage

2x Bugle Screw Guide
Rail Fixing

Compression Load
260kg(572 Lbs) / 2500N

Technical Information
Duo Classic, Vista

- **DRIVE SYSTEM:**
Roped Drum, Braked Gear Motor Drive
- **CAPACITY:**
MAX Capacity 170kg (375 Lbs) / 2persons
- **TRAVEL:**
Up to 4000mm(157-1/2")
- **NO of FLOORS:**
2 Maximum
- **SUPPLY VOLTAGE:**
240v 1PH 50HZ/60HZ
- **RUNNING CURRENT:**
4-6 AMP
- **STARTING CURRENT:**
5-8 AMP
- **STANDARD COLOUR:**
Signal White (RAL 9003)

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Duo Classic

Stiltz

Drawn	Wagon Wang	Date	2018/07/02	TITLE	Duo Classic Lift Specification
DIMENSIONS IN MM UNLESS OTHERWISE NOTED		A4		Draw No	CUSTOMER_02
THIRD ANGLE PROJECTION - AS 1100		SCALE:		PAGE	2 OF 17

PRINT MAY BE REDUCED - DO NOT SCALE.

2463mm (97")

90-100mm (4") Height

Safety Pan

Minimum 1st Floor Ceiling Height 2370mm (93-5/16")

Maximum Travel 4000mm (157-1/2")

Shaft Lid

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Duo Classic

Stiltz

Drawn	Wagon Wang	Date	2018/07/02	TITLE	Duo Classic Lift Travel
DIMENSIONS IN MM UNLESS OTHERWISE NOTED		A4		Draw No	CUSTOMER_03
THIRD ANGLE PROJECTION - AS 1100		SCALE:		PAGE	3 OF 17

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Ceiling

See Detail C (next page)

Floor To Ceiling (F-C)

Second Floor

See Detail B (next page)

Floor To Floor (F-F)

First Floor

See Detail A (next page)

Guide Length

Guide Top Spacer At Ceiling

Guide Fixing Approx 50mm Below Floor level

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Duo Classic

Stiltz

Drawn	Wagon Wang	Date	2018/07/02	TITLE	Duo Lift Fixings Overview
DIMENSIONS IN MM UNLESS OTHERWISE NOTED		A4		Draw No	CUSTOMER_04
THIRD ANGLE PROJECTION - AS 1100		SCALE:		PAGE	4 OF 17

PRINT MAY BE REDUCED - DO NOT SCALE.

Guide Rail

Guide Base Plate

Countersunk head Self-drill self-tapping screw 4x32mm (Each side 2 Pcs)

First Floor

DETAIL A SCALE 1 : 2

Top face of second floor

Guide Rail

Bugle Screw #14-10x50mm each 1 Piece

Second floor

DETAIL B SCALE 1 : 2

50 to 80mm

Guide Top Spacer At Ceiling

Please see Detail View C

Guide Fixing Approx 50mm Below Floor level

Please see Detail View B

Ceiling Joist

Ceiling Panel

12mm (1/2") Clearance hole through ceiling material above rope swage

Guide Top Spacer

Button head Self-tapping screw 4x30mm (x 6 Pcs)

Suspension Plate

Hex Nut M12 (x2 Pcs)

Guide Rail

Rope Swaged End

DETAIL C SCALE 1 : 2

Please see Detail View A

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Duo Classic

Stiltz

Drawn	Wagon Wang	Date	2018/07/02	TITLE	Duo Lift Fixings Detail
DIMENSIONS IN MM UNLESS OTHERWISE NOTED		A4		Draw No	CUSTOMER_05
THIRD ANGLE PROJECTION - AS 1100		SCALE:		PAGE	5 OF 17

7

SHEET TITLE: Manufacturers Technical Drawings

DATE: 6/10/2019

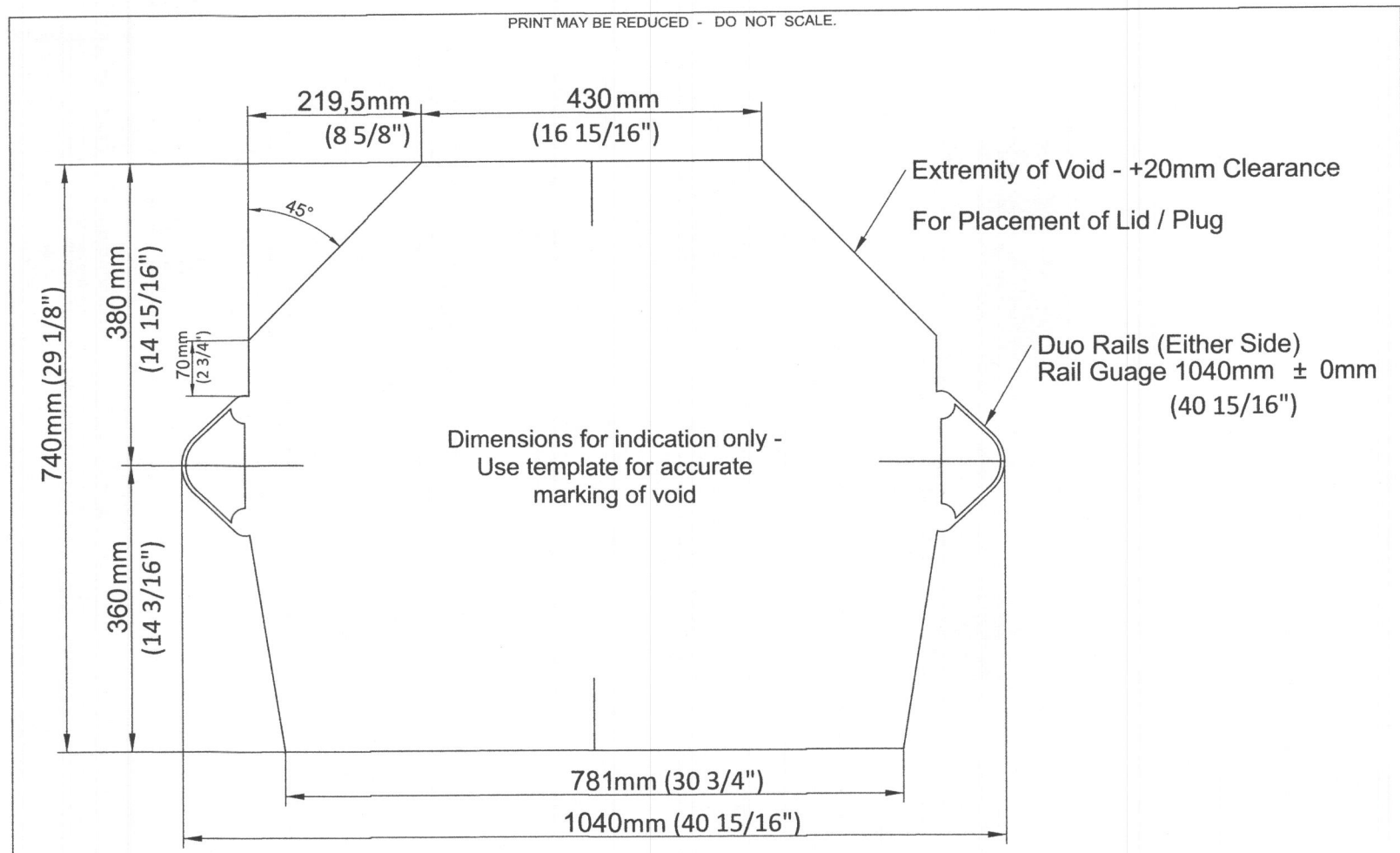
SCALE:

PROJECT DESCRIPTION: Modify 2nd floor Install a Stiltz Duo Classic

PROJECT OWNER & LOCATION: Patel 13531 Julia Manor Way West Friendship, MD 21794

DRAWINGS PROVIDED BY: Signature Elevators & Accessible Design 850 E Gude Drive Rockville MD 20850 301-251-1880, 202-359-3286

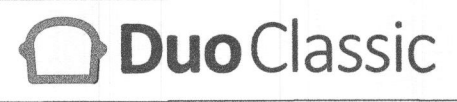
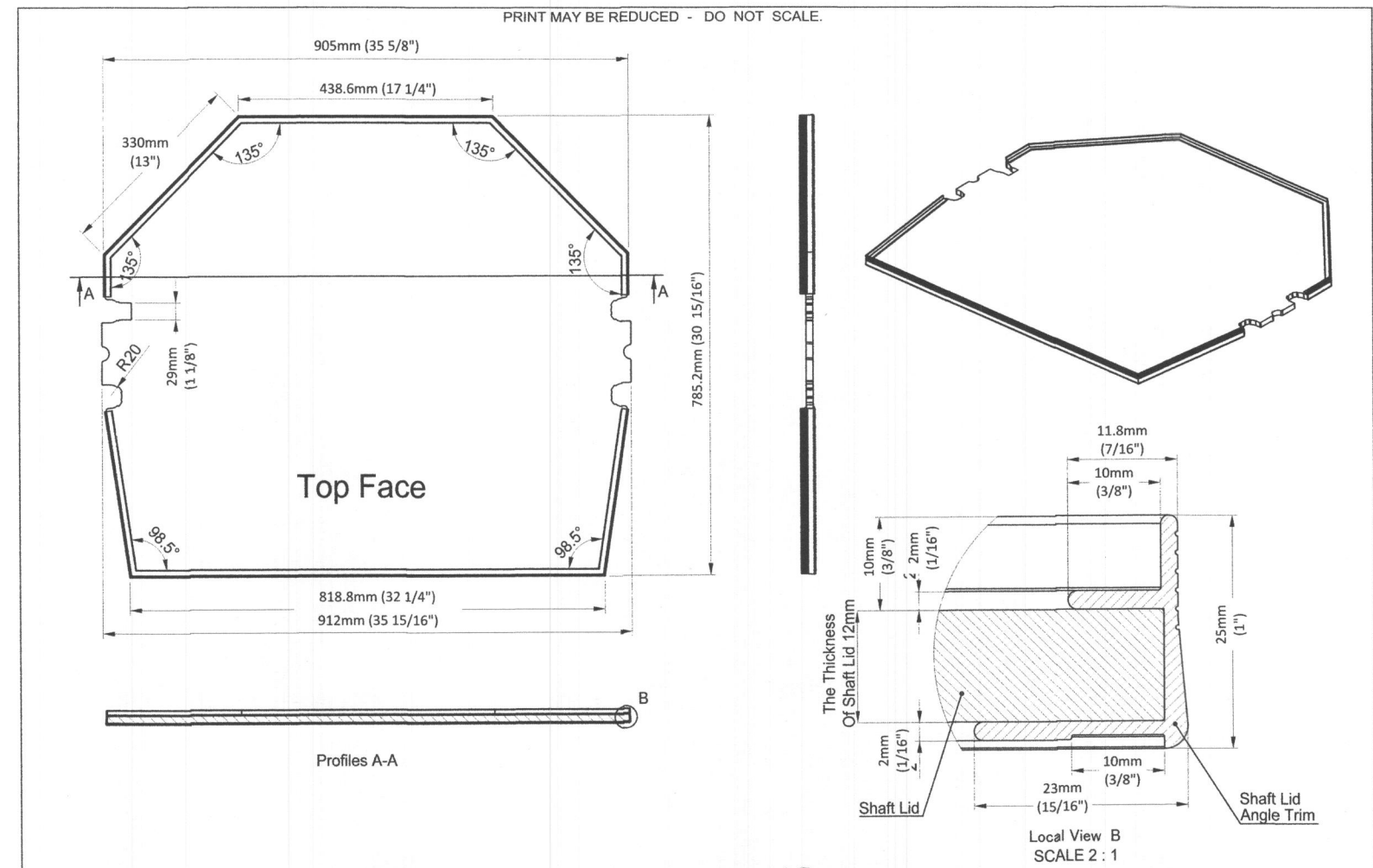
Signature ELEVATORS & ACCESSIBLE DESIGN



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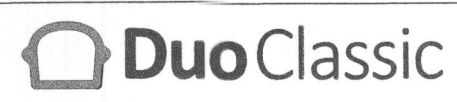
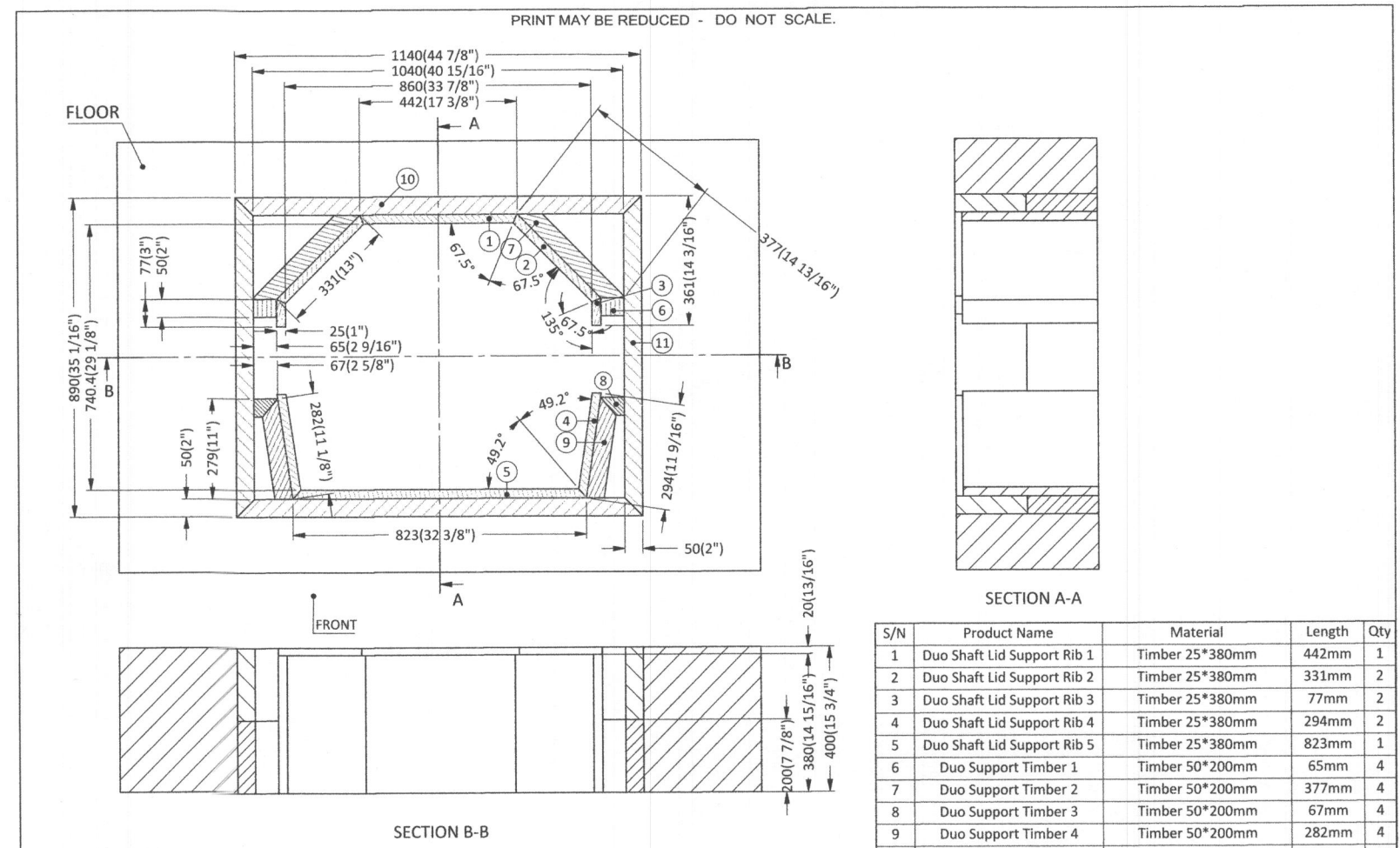
Drawn	Wagon Wang	Date	2018/07/02	TITLE	Duo Classic Floor Template
Dwg No	CUSTOMER_06	PAGE	6 OF 17		
DIMENSIONS IN MM UNLESS OTHERWISE NOTED					
THIRD ANGLE PROJECTION - AS 1100					



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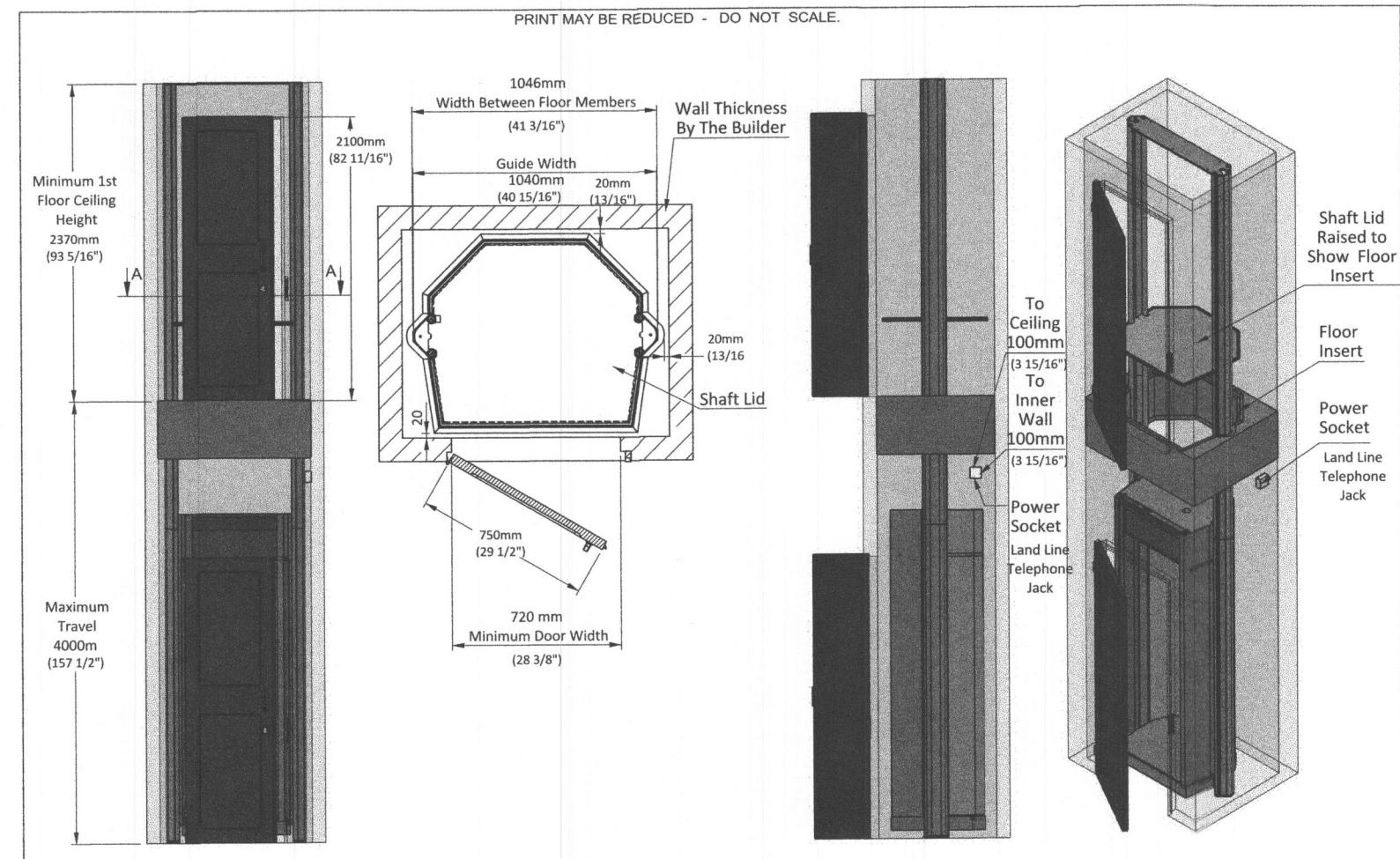
Drawn	Wagon Wang	Date	2018/07/02	TITLE	Duo Classic Shaft Lid
Dwg No	CUSTOMER_07	PAGE	7 OF 17		
DIMENSIONS IN MM UNLESS OTHERWISE NOTED					
THIRD ANGLE PROJECTION - AS 1100					



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Drawn	Guangji Chen	Date	2018/07/02	TITLE	Duo Wooden Floor Cutout
Dwg No	CUSTOMER_08	PAGE	8 OF 17		
DIMENSIONS IN MM UNLESS OTHERWISE NOTED					
THIRD ANGLE PROJECTION - AS 1100					



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Drawn	Wagon Wang	Date	2018/07/02	TITLE	Duo Classic Hoistway
Dwg No	CUSTOMER_09	PAGE	9 OF 17		
DIMENSIONS IN MM UNLESS OTHERWISE NOTED					
THIRD ANGLE PROJECTION - AS 1100					

8

SHEET TITLE: Manufacturers Technical Drawings

DATE: 6/10/2019

SCALE:

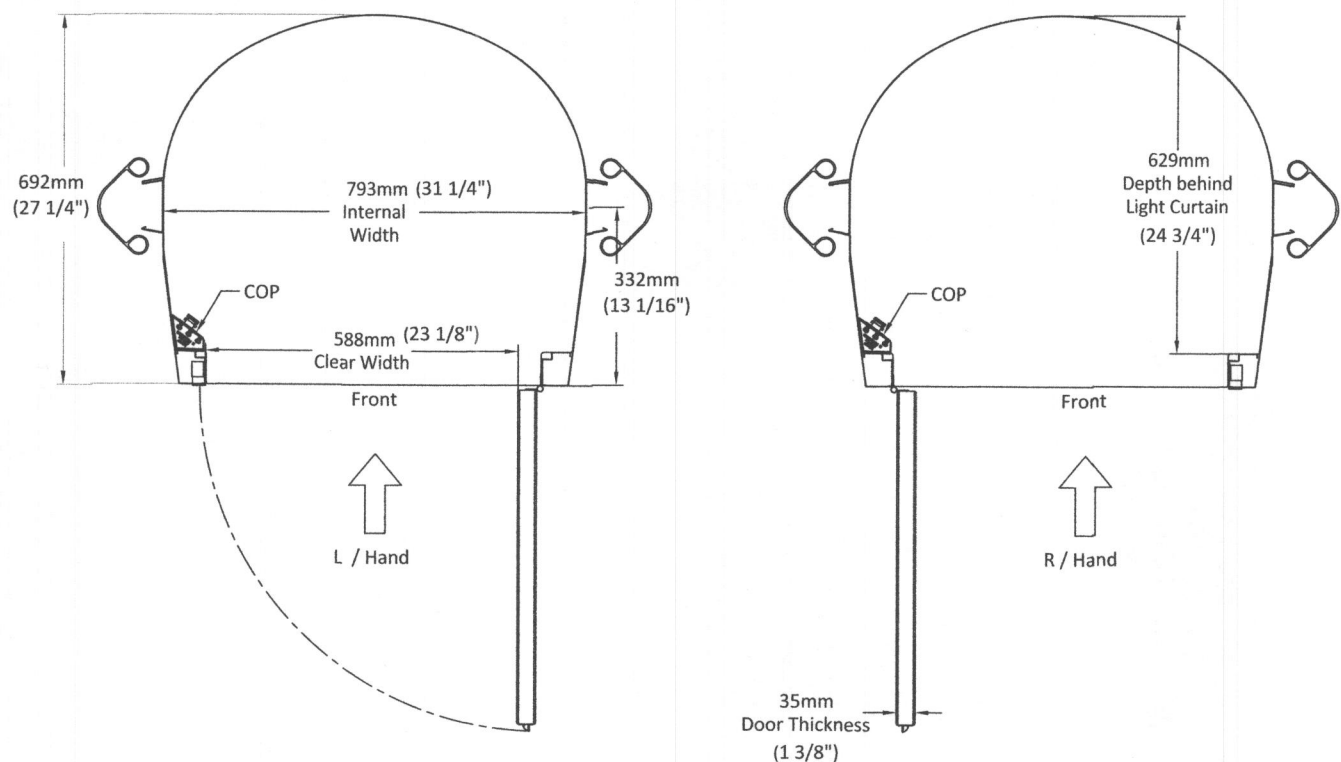
PROJECT DESCRIPTION: Modify 2nd floor Install a Stiltz Duo Classic

PROJECT OWNER & LOCATION: Patel 13531 Julia Manor Way West Friendship, MD 21794

DRAWINGS PROVIDED BY: Signature Elevators & Accessible Design 850 E Gude Drive Rockville MD 20850 301-251-1880, 202-359-3286

Signature ELEVATORS & ACCESSIBLE DESIGN

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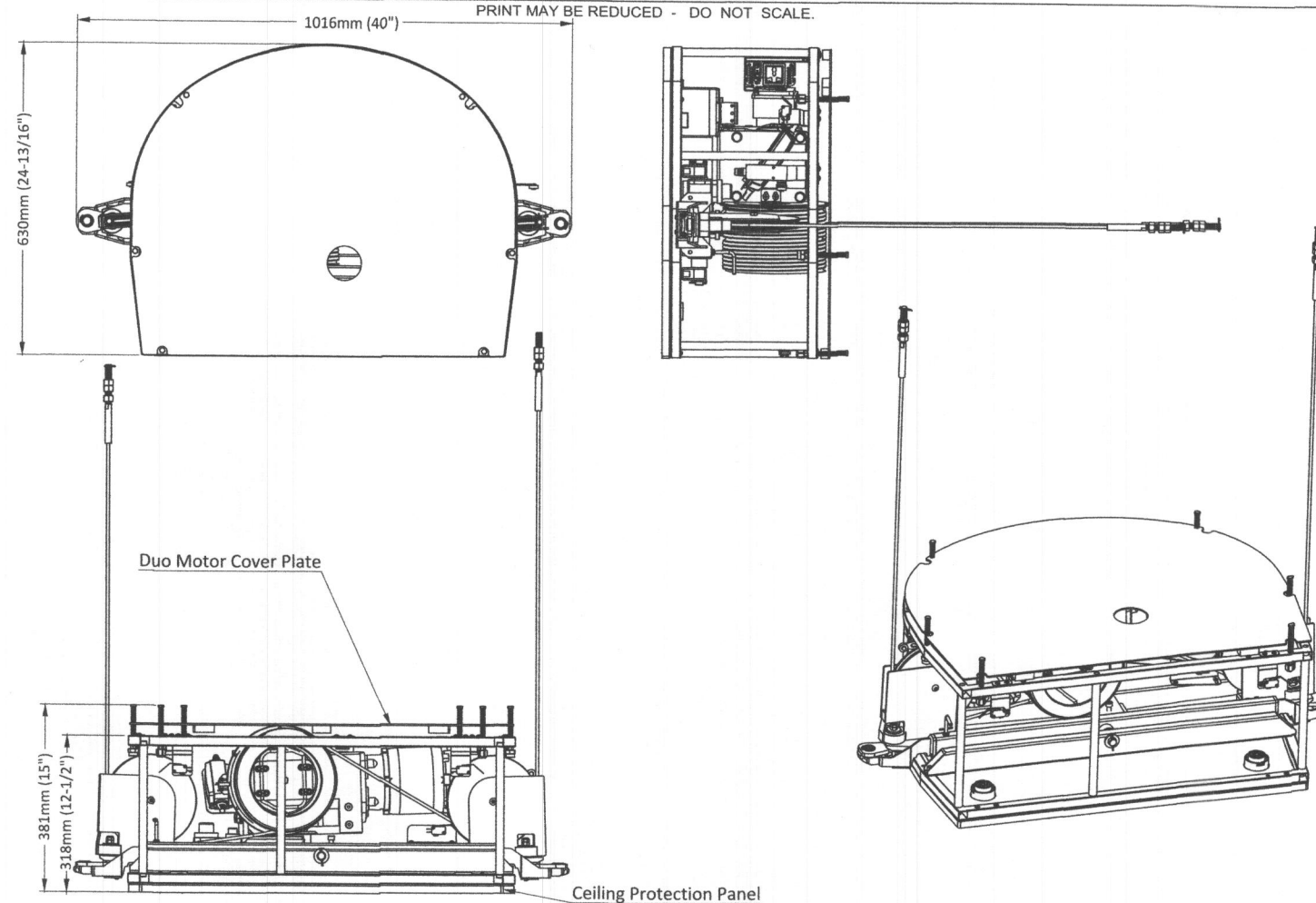
DuoClassic

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Stiltz

©	Drawn Wagon Wang	Date 2018/07/02	TITLE Car Door Configuration
THIRD ANGLE PROJECTION - AS 1100	Dwg No CUSTOMER. 11	SCALE:	PAGE 11 OF 17

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DuoClassic

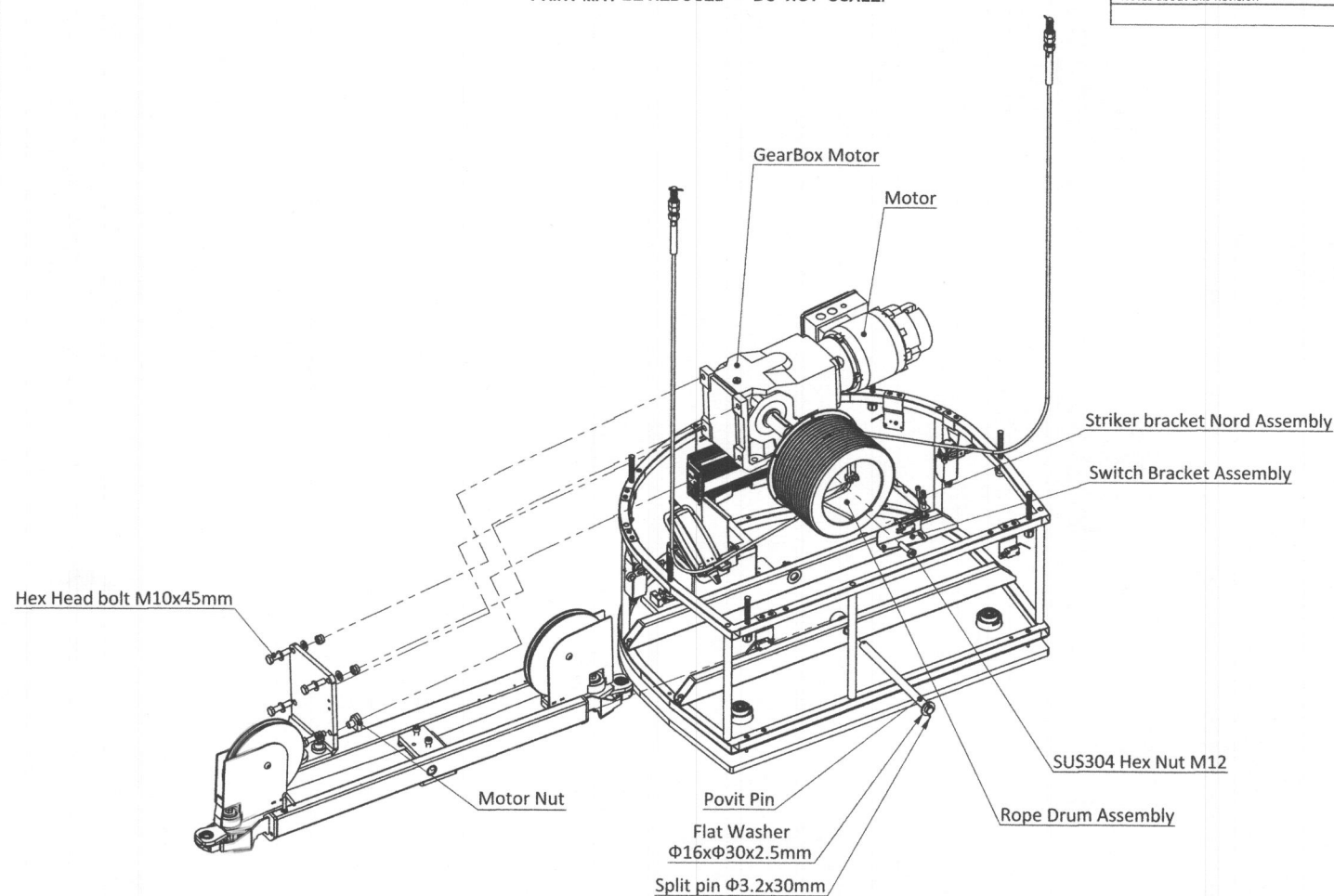
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©	Drawn Wagon Wang	Date 2018/07/02	TITLE Duo Hoist Overview
THIRD ANGLE PROJECTION - AS 1100	Dwg No CUSTOMER. 12	SCALE:	PAGE 12 OF 17

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Notes about this Revision	Date
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DuoClassic

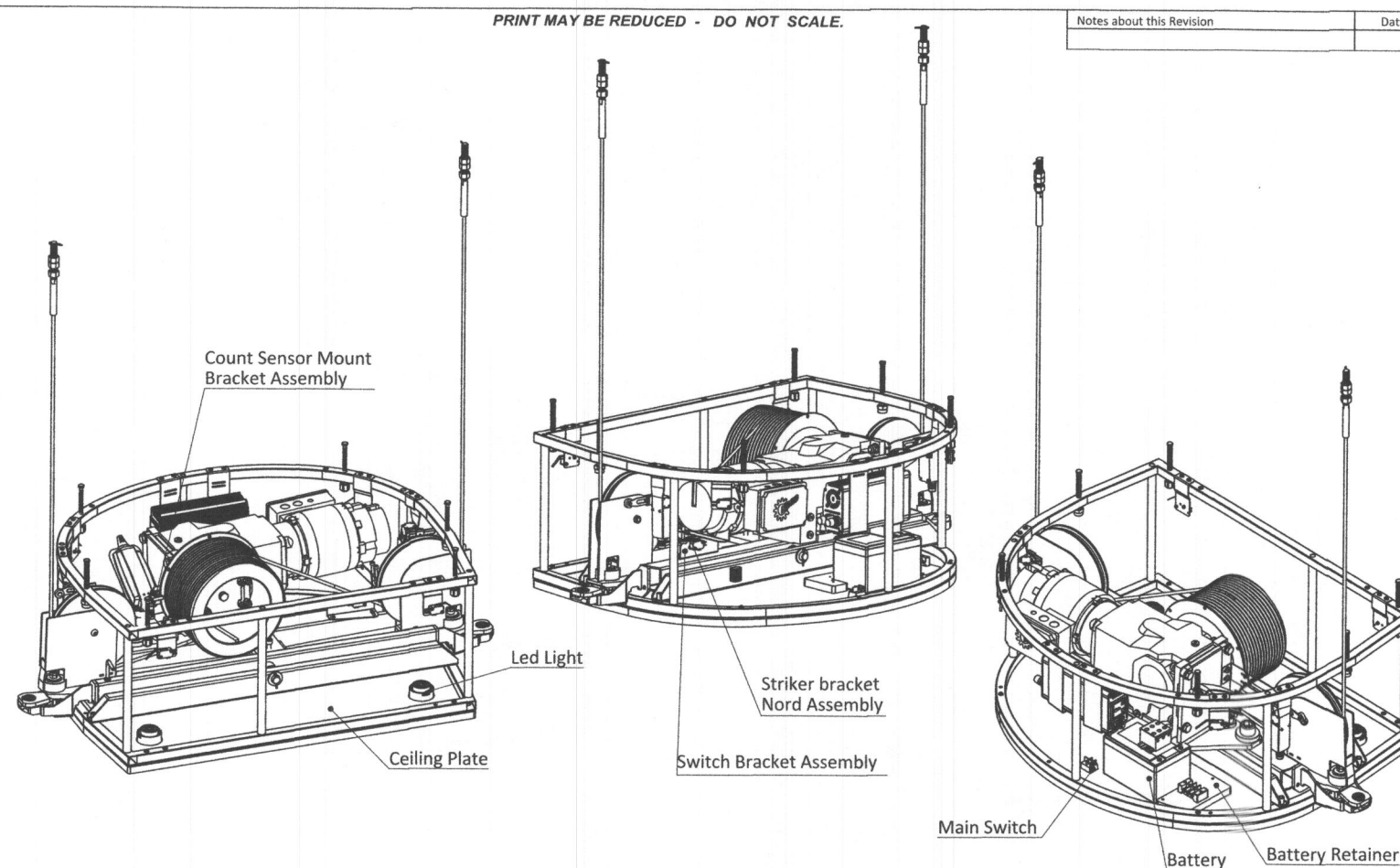
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©	Drawn Guangji Chen	Date 2018/07/02	TITLE Duo Hoist Expolded View
THIRD ANGLE PROJECTION - AS 1100	Dwg No CUSTOMER. 13	SCALE: 1:10	PAGE 13 OF 17

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Notes about this Revision	Date
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DuoClassic

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Stiltz

©	Drawn Guangji Chen	Date 2018/07/02	TITLE Duo Hoist Rear View
THIRD ANGLE PROJECTION - AS 1100	Dwg No CUSTOMER. 14	SCALE: 1:10	PAGE 14 OF 17

SHEET TITLE: **Manufacturers 9**
Technical Drawings

DATE: 6/10/2019

SCALE:

PROJECT DESCRIPTION:
Modify 2nd floor
Install a Stiltz Duo Classic

PROJECT OWNER & LOCATION:
Patel
13531 Julia Manor Way
West Friendship, MD 21794

DRAWINGS PROVIDED BY:
Signature Elevators & Accessible Design
850 E Gude Drive Rockville MD 20850
301-251-1880, 202-359-3286

Signature ELEVATORS & ACCESSIBLE DESIGN

THE FINAL SAFETY CHECKLIST **MUST** BE COMPLETED BY STILTZ OR THE AUTHORIZED STILTZ DEALER. THE STILTZ LIFT **MUST NOT** BE COMMISSIONED OR OPERABLE FOR THE END USER UNLESS THE CHECKLIST IS COMPLETE.

Install Date: [...../...../.....]
 Customer: [.....]
 Address: [.....]
 Serial #: [.....]
 Installers/dealers: [.....]



Item#	Description	Notes	Checked	Initial
1	The rope swags and gripper rods are secure including a tightened lock nut and cotter/split pin installed (for each x4)?	[.....]	<input type="checkbox"/>	[.....]
2	The hoist unit is levelled (using the hoist frame) and the gripper plates are fitted correctly?	[.....]	<input type="checkbox"/>	[.....]
3	The rope-slack limit switch is set up correctly and functionality is tested?	[.....]	<input type="checkbox"/>	[.....]
4	The overload limit switch is set up correctly to the relevant payload and functionality is tested with test weights?	[.....]	<input type="checkbox"/>	[.....]
5	The inverter is 'on', the battery charger is working, the main power cable is installed through the car shell with the grommet?	[.....]	<input type="checkbox"/>	[.....]
6	The upper and lower limit cams are set correctly so the lift car floor reaches the correct positions/heights?	[.....]	<input type="checkbox"/>	[.....]
7	The telephone is connected and a dial tone is available? Test (with the end user's permission) calling your cell number?	[.....]	<input type="checkbox"/>	[.....]
8	The lift car operating panel functionality is tested including upwards, downwards and emergency stop button?	[.....]	<input type="checkbox"/>	[.....]
9	The remote controls have been paired with the remote receiver and tested for 'hold to run' operation?	[.....]	<input type="checkbox"/>	[.....]
10	The shaft lid functionality is tested whilst driving the lift upwards with the remote controls?	[.....]	<input type="checkbox"/>	[.....]
11	The lift car door cable is connected, and the 'jumper' plug is disconnected and placed in the hoist?	[.....]	<input type="checkbox"/>	[.....]
12	The lift car door functionality is tested whilst driving the lift upwards and downwards i.e. only releases at landings?	[.....]	<input type="checkbox"/>	[.....]
13	The light curtain cables are connected, and the 'jumper' bullet connector is disconnected?	[.....]	<input type="checkbox"/>	[.....]
14	The light curtain functionality is tested whilst driving the lift upwards and downwards?	[.....]	<input type="checkbox"/>	[.....]
15	The safety pan 'jumper' is removed and placed in your installation kit, the blue cat5 cable is installed?	[.....]	<input type="checkbox"/>	[.....]
16	The safety pan functionality is tested whilst driving the lift downwards with the remote controls?	[.....]	<input type="checkbox"/>	[.....]
17	The front electrics cover and top hoist cover are installed correctly with the screws provided?	[.....]	<input type="checkbox"/>	[.....]

Ensure that only Stiltz or an authorised Stiltz Dealer installs and services the Stiltz home lift. Under no circumstances is anyone other than a dealer with Stiltz training and authorisation to install, adjust, service or modify any mechanical or electrical device on this equipment. Failure to follow this warning can result in safety system compromises or defeat; this can result in serious injury or death. Stiltz accepts no liability for property damage, warranty claims or personal injury, including death, in this circumstance.

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SHEET TITLE: Stiltz Safety Check List

DATE: 6/10/2019

SCALE:

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