STATE OF NEW HAMPSHIRE
PASSENGER TRAMWAY BOARD

APPLICATION FOR NEW CONSTRUCTION, ALTERATION IN LENGTH, RELOCATION AND/OR MODIFICATION AND REGISTRATION OF T-BAR, J-BAR, PLATTERPULL, CHAIRLIFT, AERIAL TRAMWAY OR GONDOLA

DATE RECEIVED:	**DATE APPROVED:**

In accordance with the provisions of RSA 225-A, as amended, application is made for construction and registration of the following tramway (where space is insufficient for answer, please attach information on additional sheet(s) and reference question number).

PART I APPLICATION FOR CONSTRUCTION DATE: _____

Tramway Number: _____

New Construction/Alteration in Length: _____ Relocation/Modification: _____

Description: _____

AREA DATA

Owner: _____

Address: _____ Phone: _____

(If corporation or partnership, give names and addresses of officers or partners.)

Manager: _____ Phone: _____

Address: _____

Lift Location: _____

Lift Name (if known) _____

LIFT DATA

Tramway Type:

T-Bar: _____ J-Bar: _____

Platter Pull: Fixed Grip _____ Detachable Grip _____

Chairlift: Fixed Grip _____ Detachable Grip _____

Gondola: _____ Reversible: _____

Other: _____

Designer _____

Manufacturer _____

Construction Supervisor _____

Construction Engineer _____

DESIGN DATA

Uphill Capacity: _____ pph at Lift Maximum Operating Speed (fpm)

Maximum Speed of Lift: _____ fpm

Vertical Length in Feet: _____ Horizontal Length in Feet: _____

Percent of Loading Allowed on Downhill Side: _____

Lift Rotation: _____

Summer Usage: _____

For Work Carrier (if used), Drawing of Carrier and Grip and Live Load Capacity

CARRIERS:

	Max. Operating Speed fpm	Spacing ft. Max. Min.	Nominal Capacity/hr	Number of Carriers	Number of Passengers Per Carrier
Skier Use					
Foot Passenger					

For Detachable Lifts: Number of carriers on line prior to loading of passengers _____

ROPE DATA:	Haul rope	Counterweight Rope	Other _____
Diameter (inches)	_____	_____	_____
Grade	_____	_____	_____
Construction	_____	_____	_____
Core	_____	_____	_____
Safety Factor	_____	_____	_____
Yr of Manufacture	_____	_____	_____
Number of Splices	_____	_____	_____

TENSIONING:

Type: Counterweight: _____ Hydraulic: _____ Other: _____

Total Force of Tensioner_lbs. _____ Ratio of Motion of Tensioner to Bullwheel _____

Force at Carriage _____

Travel at Bullwheel Carriage _____ft. Travel of Tension device _____ft.

Pressure Range for Hydraulc or Pneumatic systems (psi) _____

LINE EQUIPMENT

Towers: Gauge _____

Line Tower Calculations (including normal, maximum, and minimum for full and partial loading)

_____

Line Tower Footing Calculations _____

Maximum Rope Gradient for Design Carrier Clearances _____

Maximum misalignment while still maintaining minimum clearances _____

Type of Deropement Switches _____

Degree of Swing with unbalanced load of 250 lbs. _____

Grip Manufacturer/Model _____

Carrier Manufacturer/Model _____

Restraint Bars? _____ Foot Rests? _____

Line Features

Maximum height of carrier above the ground _____feet

Provide: Lift profile drawing showing the rope path, ground profile, maximum snow depths, tower locations and trail crossing areas.

Provide: Plan view of the installation showing the location of the lift, any buildings, trail crossings, power lines, other lifts or watercourses. The plan width should be at least 150 feet centered on the lift centerline.

DRIVE EQUIPMENT:

Drive Location: _____

Primary Power Unit: Horsepower: _____ Age: _____ Type: _____

Gear Box Mfg. _____ Gear Box Model _____

Secondary Power Unit: Horsepower: _____ Age: _____ Type: _____

Gear Box Mfg. _____ Gear Box Model _____

Primary Power Unit: Horsepower: _____ Age: _____ Type: _____

Gear Box Mfg. _____ Gear Box Model _____

Describe fuel storage – quantity and location _____

_____

_____

BULLWHEELS

Drive: Diameter _____feet Cast _____ Fabricated _____

Return: Diameter _____feet Cast _____ Fabricated _____

Liner Material: Drive: _____ Return: _____

Bullwheel Retention System _____

BRAKES:	**Type:**	**Manufacturer:**	**Model:**
Bullwheel:	_____	_____	_____
Service:	_____	_____	_____
High Speed Backstop:	_____	_____	_____
Bullwheel Backstop:	_____	_____	_____
Bullwheel Retarding Device	_____	_____	_____

CONTROLS: Provide a ladder diagram of the control circuits indicating the location of all stop and start switches.

COMMUNICATIONS: Describe the lift communications system: _____

_____

_____

PERSONNEL

What is the minimum number of operator/attendants to be utilized? _____

Where are personnel stationed? _____

If operating with a single operator, does the operator have the entire lift in his view? _____

Will the lift be used at night? _____

Describe lighting for machine room, lift attendants and tow usage _____

_____

_____

_____

Are any variances requested? _____

Describe any variance request to the Rules, Regulations and Code of the New Hampshire Tramway on an attachment with justification for the request.

I certify that all information provided in this application is true and accurate.

OWNER: _____ DATE: _____

DESIGNER: _____ DATE: _____

NOTICE: THE BOARD MAY REQUEST ADDITIONAL INFORMATION FOR VERIFICATION OF COMPLIANCE WITH ITS REGULATIONS.

OFFICE USE ONLY

At a meeting of the Board on _____, the above application was considered and the following action was taken: _____

_____

_____

CLERK

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PART II APPLICATION FOR REGISTRATION

TRAMWAY NUMBER _____ OWNER _____

FOR OFFICIAL USE:

For the purpose of making application for **REGISTRATION** of a T-Bar, J-Bar, Platter Pull, Chair Lift, Aerial Tramway or Gondola, the following must be submitted to the Board as noted:

Date Received/Completed

1. Certificate from Designer with original signatures and drawings list with revision dates and notes of changes made, not shown on the listed drawings submitted to the Board. _____

2. Acceptance test and inspection complete _____

3. Written evacuation plan and documentation of training _____

4. Rope inspection reports submitted to the Board for the following:
   Haul Rope _____
   Counterweight Rope _____
   Other wire rope or strand _____

5. Operations Manual on hand _____

6. Maintenance Manual on hand and documentation of all required maintenance _____

7. Certified as-built plans provided to the Board within 60 days of acceptance test _____

8. Construction Certificate with a drawing list "as built" and original Signatures received by the Board within 60 days of acceptance test _____

Any variances granted:

_____

_____

At a meeting of the Board on _____, the above application was considered for REGISTRATION and the following action was taken: _____

_____

_____

_____

CLERK