

**STATE OF NEW HAMPSHIRE
PASSENGER TRAMWAY BOARD**

**APPLICATION FOR NEW CONSTRUCTION, ALTERATION IN LENGTH, RELOCATION
AND/OR MODIFICATION AND REGISTRATION OF CONVEYOR OR CAROUSEL**

DATE RECEIVED: _____	DATE APPROVED: _____
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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: _____
Location of Conveyor or Carousel: _____
Name of Conveyance (if known) _____

LIFT DATA

Tramway Type: Conveyor: _____ Carousel: _____

Manufacturer	_____
Lift Model	_____
Life Drive Horsepower	_____
Length of Conveyer	_____
Outer Diameter of Carousel	_____

PLEASE INCLUDE LOCATION PLAN SHOWING THE PROPOSED LOCATION AND ENVIRONS.

For Pre-Certified lifts, include the State-Issued Pre-Certification Number and the certification by the manufacturer that the lift conforms to the pre-approved submission.

For Non Pre-Certified Lifts, the following must be submitted:

- a. A set of drawings, stamped by a qualified engineer showing the basic structure, electrical and mechanical systems.
- b. A design parameter specification with the qualified engineer's stamp, showing the allowable operating and installation procedures, such as passenger spacing, type of passengers, use of recreational devices, location of safety devices, anchorages and operating and maintenance instructions for the lift 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? _____

Describe any area where the conveyer is not visible to any attendant _____

Will the lift be used at night? _____

If yes, describe lighting for lift attendants and 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.

Are any variances requested? _____

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 for CONSTRUCTION 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 Conveyor or Carousel, the following must be submitted to the Board as noted:

- | | <u>Date Received/Completed</u> |
|--|--------------------------------|
| 1. Certificate from Designer with original signatures and drawings list
(to be received by the Board within 60 days of the Acceptance Test) | _____ |
| 2. Completed Acceptance Test and Inspection | _____ |
| 3. Operations Manual on hand | _____ |
| 4. Operation Manual on hand | _____ |

Documentation that any variances required have been granted:

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

CLERK