

**Iowa Division of Labor****Elevator Safety**

150 Des Moines Street  
 Des Moines, IA 50309-1836  
 Phone: 515-725-5612/515-725-5608  
 Fax: 515-242-5076  
[elevators@iwd.iowa.gov](mailto:elevators@iwd.iowa.gov)  
[www.iowaelevators.gov](http://www.iowaelevators.gov)

# Wind Tower Lift Permit Application

**FOR OFFICE USE ONLY**

Date approved: \_\_\_\_\_ By: \_\_\_\_\_

WT Permit #: \_\_\_\_\_

Date received: \_\_\_\_\_ Check #: \_\_\_\_\_

Please type or print clearly. No installation or alteration shall begin until a permit has been issued. Submit a complete application package in order to prevent delays. New installations require 2 copies of the project details set forth in 875 IAC 71.5. Plans must be submitted on 11"x17" paper. A single electronic plan submittal shall be made with sufficient resolution to not lose detail when enlarged. A building code analysis document must also be submitted. Each lift to be installed must be listed on the Wind Tower Lift Identification page.

**Fee Schedule**

\$500.00 per wind tower – This fee includes the initial inspection, the first year operating permit and the issuance of a single installation permit for all of the identical wind tower lifts installed in identical wind towers in a single wind farm as the result of one construction contract. Make checks payable to: Elevator Safety.

Wind farm name	County	Total # of lifts covered by this app:	
Wind farm address	City	State	Zip
Wind farm owner's name	Wind farm billing name		
Wind farm owner's address <small>Same as wind farm address</small>	City	State	Zip
Wind farm billing address <small>Same as wind farm address</small>	City	State	Zip
Construction trailer location			
Jobsite contact name	Jobsite contact phone number	Jobsite contact email address	
Manufacturer	Manufacturer contact name	Manufacturer contact phone number	

Rated speed	Capacity	Training required	Personal gear permissible
Fpm    m/s	Fpm    m/s	Yes    No	Yes    No
Manufacturer serial number <small>Attached list with additional serial numbers</small>		Manufacturer model name	
Special instructions			

**I certify that the information on this form and the attachments is true and accurate to the best of my knowledge.**

Name of individual filling out form	Phone number	Email address
Signature		Date

# Winder Tower Lift Identification

#	Permit number (do not fill out)	Tower ID	Latitude (GPS coordinates)	Longitude (GPS coordinates)	\$500.00 fee paid
1					Yes No
2					Yes No
3					Yes No
4					Yes No
5					Yes No
6					Yes No
7					Yes No
8					Yes No
9					Yes No
10					Yes No
11					Yes No
12					Yes No
13					Yes No
14					Yes No
15					Yes No
16					Yes No
17					Yes No
18					Yes No
19					Yes No
20					Yes No
21					Yes No
22					Yes No
23					Yes No
24					Yes No
25					Yes No
26					Yes No
27					Yes No
28					Yes No
29					Yes No
30					Yes No
31					Yes No