Division of Safety and Health Engineering Services Unit Harriman State Office Campus Building 12, Room 154 Albany, NY 12226

Other

☐ Fused ☐ Circuit Breaker

30. Description: ____



Application for Approval of Plans

	For			_		
Aerial Tramway, Chair or Gondola, J-Bar, T-Bar, Rope Tow, Poma Lift, Skimobile, Etc.						
Please	mail plans in triplicate to the address abo	ove.				
Enter p	plan number of any plans previously exam	•		abor for this project: e:		
Filing	of Plans and Specifications is required fo tramways, as specified ir	Instructions or new or altered	l installations	of ski-tows and other pa	ssenger	
1.	Proposed work located at: Street number address (if known) North East 1a. Distant North East	☐ South		side of		
4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	City Town 2a. County: Owner: Owner's Address: Lessee: Lessee's Address: Design Engineer: Engineer's Address: Installing Contractor: Contractor's Address: Estimated Cost of Installation (tramway of New Installation Alteration Date: Present Certificate Number: Details of Alterations:	□ Village	Of			
16. 17. 18. 19. 20.	Orive Sectric Motor H.P R.P.M Voltage Phase Motor Overload Protection Type Power Equipment Protection	22. 23. 24. 25. 26.	rnal Combust H.P R.P.M Fuel Exhaust to O Ventilated Ma Fuel Tanks	utside	□ No □ No Buried	

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28. Tank Capacity

29. Fuel Required for day's run

Auxiliary Engine				
31. Fuel 32. H.	P.			
31. Fuel 32. H. 33. R.P.M 34. Fu	uel Use Rate			
Other 35. Description:				
Transformer Station				
39. Safety Signs	No No cated or physically shielded by grounded cages so that in case ot come in contact with cars or passengers?			
Speed Control				
41. ☐ By Attendant ☐ Automatic 42. If Automatic, Specify Type (Governor, Hy	ydraulic, Pneumatic, Etc,.)			
Emergency Brake				
Manual Ma	No Automatic No Automatic No Under Control of Conductor			
Drive Brake and Stop				
46. Electric Mechanical 47. Location 48. Belt Clutch Chain Other 49. Reverse rotation automatic bullwheel or drive gear stop? Yes No				
Machine Enclosure				
50. Type (Fence, Building, Etc,)				
Clearance				
56. Width of Path				

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b. Passing Cabins ____ Tower Base to Rope _____

58. Horizontal Clearances

a. Up & Down hill ropes _____
c. Pole-tower ____

Towers
59. Numbered Yes No 60. Guyed Yes No 61. Grounded Yes No 62. Dia. Of Tower Sheaves 63. Minimum Clearance to Carrier
Speed
64. Rope speed Constant at F.P.M. Uariable From To
65. Carrier (FPM) a. Loading Skiers b. Unloading Skiers c. Load or Unload Non-skiers
66. Cars or Cabins with Conductors (FPM) a. No. of Passengers b. At Terminals c. Over Saddles d. Between Towers
67. Cars or Cabins Without Conductors (FPM)
a. No. of Passengers b. At Terminals c. Over Saddles d. Between Towers
c. Over Saddles d. Detween Towers
Emergency Stop
68. Non-Restoring Type
Start Mech.
72. Sole Control of Attendant?
Communication
73. Between Operating Room, and Attending Cabins Yes No 74. And Between Terminals Yes No 75. Type 76. Two-Way Yes No 77. Independent Power Supply Yes No
Cabins, Cars or Chairs
78. Closed and Ventilated
Ropes
86. Trak Rope Diameter 86a. Ultimate Break Strength 87. Counterweight Rope Diameter 87. Ultimate Break Strength 88. Number of Supporting Ropes Mono Cable Bicable 89. Auxiliary Hauling Rope Type (Type 1 – Bicable Only) 90. Emergency Escape Yes No

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91. Carriage Spacing	
93. Hauling Rope	94. Track Rope
95. Towers	96. Terminals
97. Carriers and their Fastening	98. Welding
99. Counterweight Rope	100. Counterweight Rope Ratio
101. Guy or Back Stays	
Designed to safely withstand in	mposed loads?
Towers	
103. Nominal Size	104. Outside Diameter
105. Weight / Ft.	106. Thickness
107. Area	108. Section Modulus
Weights	
109. Counterweight	110. Track Rope LBS / FT
111. Sheaves	112. Carriage
113. Project Areas	h Carriago
114. Required Data: The plans required	b. Carriage d to be submitted with these applications shall include:
	spacing of towers, location of bull wheel and counterweight bull
bull wheel.	
<u> </u>	height, size, type of construction, size of footing, inclination from
vertical, etc.	- A fall winds at a disconstitute
c. Details of tower construction	
d. Diagram of counterweight roe. Details of all safety devices	
f. All material to be submitted	
i. All material to be submitted	in inplicate.
North Point	
115. Plot Plan - Scale	
113. Flot Flair - Scale	
I hereby certify that this information is true	e and accurate to the best of my knowledge.
	e and accurate to the best of my knowledge.
Telephone Number	

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