



STATE OF NEW YORK  
**DEPARTMENT OF LABOR**  
 DIVISION OF SAFETY AND HEALTH  
 ENGINEERING SERVICES UNIT

STATE OFFICE BUILDING CAMPUS  
 ALBANY, N. Y. 12240

**PLEASE SUBMIT:**

PLANS IN TRIPPLICATE  
 APPLICATION IN TRIPPLICATE  
 TO ADDRESS SHOWN TO THE  
 RIGHT.

**APPLICATION FOR APPROVAL OF PLANS**

DATE: \_\_\_\_\_

ENTER PLAN NUMBER OF ANY  
 PLANS PREVIOUSLY EXAMINED  
 BY THE DEPARTMENT OF LABOR  
 FOR THIS PROJECT

For \_\_\_\_\_

**Aerial Tramway, Chair or Gondola, J-Bar, T-Bar, Rope Tow, Poma Lift, Skimobile, Etc.**

**INSTRUCTIONS**

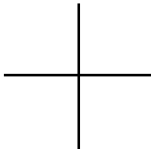
Filing of Plans and Specifications is required for new or altered installations of ski-tows and other passenger tramways, as specified in Industrial Code Rule 32 (12NYCRR32).

1. PROPOSED (Street number address, if known) _____		1a. Distant _____ Feet _____ Miles	
WORK LOCATED AT _____		_____ Of _____	
LOCATED AT <input type="checkbox"/> No. <input type="checkbox"/> East <input type="checkbox"/> So. <input type="checkbox"/> West Side of _____ STREET, AVE., ROAD		<input type="checkbox"/> No. <input type="checkbox"/> East <input type="checkbox"/> So. <input type="checkbox"/> West Of _____ STREET, AVE., ROAD	
2. <input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE OF _____		2A. COUNTY _____	
3. OWNER _____		4. OWNER'S ADDRESS _____	
5. LESSEE _____		6. LESSEE'S ADDRESS _____	
7. DESIGN ENGINEER _____		8. ENGINEER'S ADDRESS _____	
9. INSTALLING CONTRACTOR _____		10. CONTRACTOR'S ADDRESS _____	
11. Estimated Cost of Installation (tramway only);			
12. <input type="checkbox"/> New Installation		13. <input type="checkbox"/> Alteration DATE _____	14. Present Certificate No. _____
15. DETAILS OF ALTERATIONS			

<b>M A I N D R I V E</b>	16. H.P.	17. R.P.M.	18. VOLTAGE	19. PHASE	
	20. MOTOR OVERLOAD PROTECTION-TYPE		21. POWER EQUIPMENT PROTECTION <input type="checkbox"/> Fused <input type="checkbox"/> Circuit Breaker		
	22. H.P.	23. R.P.M.	24. FUEL	25. EXHAUST TO OUTSIDE <input type="checkbox"/> YES <input type="checkbox"/> NO	26. VENTILATED MACHINE ROOM <input type="checkbox"/> YES <input type="checkbox"/> NO
	27. Fuel Tanks <input type="checkbox"/> Above Ground <input type="checkbox"/> Buried <input type="checkbox"/> Inside <input type="checkbox"/> Outside		28. TANK CAPACITY	29. FUEL REQUIRED FOR DAY'S RUN	
30. DESCRIPTION					
<b>A U X.</b>	ENG.	31. FUEL	32. H.P.	33. R.P.M.	34. FUEL USE RATE
	OTHER 35. DESCRIPTION				
<b>T R A N S F O R M E R S T A T I O N</b>	36. ENCLOSURE HEIGHT	37. MATERIAL		38. LOCKED GATE <input type="checkbox"/> YES <input type="checkbox"/> NO	39. SAFETY SIGNS <input type="checkbox"/> YES <input type="checkbox"/> NO
	40. Are all electrical transmission wires so located or physically shielded by grounded cages so that in case of collapse or breakage the wires cannot come in contact with cars or passengers? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>S P E E D C O N T R O L</b>	41. <input type="checkbox"/> BY ATTENDANT <input type="checkbox"/> AUTOMATIC	42. IF AUTOMATIC, SPECIFY TYPE (GOVERNOR, HYDRAULIC, PNEUMATIC, ETC.)			
	43. ON DRIVE SHAFT <input type="checkbox"/> MANUAL <input type="checkbox"/> AUTOMATIC <input type="checkbox"/> YES <input type="checkbox"/> NO		44. ON DRIVE SHEAVE <input type="checkbox"/> MANUAL <input type="checkbox"/> AUTOMATIC <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>E M E R G. B R A K E</b>	45. ON TRACK ROPE <input type="checkbox"/> UNDER CONTROL OF CONDUCTOR <input type="checkbox"/> AUTOMATIC <input type="checkbox"/> YES <input type="checkbox"/> NO				
	46. <input type="checkbox"/> ELECTRIC <input type="checkbox"/> MECHANICAL	47. LOCATION		48. <input type="checkbox"/> CLUTCH CHAIN <input type="checkbox"/> BELT <input type="checkbox"/> OTHER	
<b>D R I V E B R A K E A N D S T O P</b>	49. Reverse rotation automatic bullwheel or drive gear stop? <input type="checkbox"/> YES <input type="checkbox"/> NO				

MACHINE ENCLOSURE	50. TYPE (FENCE, BLDG., ETC.)		51. HEIGHT	52. MIN. CLEARANCE BETWEEN MACHINE ENCLOSURE		
	53. SPACE LIGHTED <input type="checkbox"/> YES <input type="checkbox"/> NO		54. MOVING PARTS GUARDED OR INACCESSIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO		55. EXHAUST VENTILATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
CLEARANCE	56. WIDTH OF PATH		57. VERTICAL CLEARANCE OF MOVING EQUIPMENT A. ABOVE ANY OBSTACLE _____ B. ABOVE ANY OCCUPIABLE SPACE _____			
	58. HORIZONTAL CLEARANCES A. UP & DOWN HILL ROPES _____ B. PASSING CABINS _____ C. POLE-TOWER _____ D. TOWER BASE TO ROPE _____					
TOWERS	59. NUMBERED <input type="checkbox"/> YES <input type="checkbox"/> NO		60. GUYED <input type="checkbox"/> YES <input type="checkbox"/> NO		61. GROUNDED <input type="checkbox"/> YES <input type="checkbox"/> NO	
					62. DIA. OF TOWER SHEAVES	63. MIN. CLEARANCE TO CARRIER
SPEED	64. ROPESPEED <input type="checkbox"/> CONSTANT AT _____ F.P.M. <input type="checkbox"/> VARIABLE FROM _____ TO _____		65. CARRIER (FPM) A. LOADING SKIERS _____ B. UNLOADING SKIERS _____ C. LOAD OR UNLOAD NON-SKIERS _____			
	66. CARS OR CABINS WITH CONDUCTORS (IN F.P.M.) A. NO. OF PASSENGERS _____ B. AT TERMINALS _____ C. OVER SADDLES _____ D. BETWEEN TOWERS _____					
	67. CARS OR CABINS WITHOUT CONDUCTORS (F.P.M.) A. NO. OP PASSENGERS _____ B. TERMINALS _____ C. OVER SADDLES _____ D. BETWEEN TOWERS _____					
EMERG. STOP	68. NON-RESTORING TYPE <input type="checkbox"/> YES <input type="checkbox"/> NO		69. AT BOTH TERMINALS <input type="checkbox"/> YES <input type="checkbox"/> NO		70. AT LOADING AND UNLOADING POINTS <input type="checkbox"/> YES <input type="checkbox"/> NO	
	71. IN MACHINE ROOM <input type="checkbox"/> YES <input type="checkbox"/> NO					
START MECH.	72. Sole control of attendant? <input type="checkbox"/> YES <input type="checkbox"/> NO      At drive station only? <input type="checkbox"/> YES <input type="checkbox"/> NO					
COMMUN- ICATION	73. BETWEEN OPERATING ROOM, AND ATTENDED CABINS <input type="checkbox"/> YES <input type="checkbox"/> NO		74. AND BETWEEN TERMINALS <input type="checkbox"/> YES <input type="checkbox"/> NO		CABINS CARS OR CHAIRS	78. CLOSED AND VENTILATED <input type="checkbox"/> YES <input type="checkbox"/> NO
	75. TYPE		76. TWO-WAY <input type="checkbox"/> YES <input type="checkbox"/> NO			79. SHATTER-PROOF GLASS <input type="checkbox"/> YES <input type="checkbox"/> NO
			77. IND. POWER SUPPLY <input type="checkbox"/> YES <input type="checkbox"/> NO			80. LOCKS ON DOORS <input type="checkbox"/> YES <input type="checkbox"/> NO
						81. EMER. KEY IN CABIN UNDER GLASS <input type="checkbox"/> YES <input type="checkbox"/> NO
				82. DIA. OF TRUCK WHEEL	83. AUTO BRAKE <input type="checkbox"/> YES <input type="checkbox"/> NO	
				84. ALL CABINS, CARS, ETC. NUMBERED		
				85. B.S.A APPROVAL NO. FOR GRIP		
ROPES	86. TRACK ROPE DIA.		86A. ULTIMATE BREAK STRENGTH		87. COUNTERWEIGHT ROPE DIA.	
					87A. ULTIMATE BREAK STRENGTH	
	88. NUMBER OF SUPPORTING ROPES <input type="checkbox"/> MONO CABLE <input type="checkbox"/> BICABLE			89. AUX. HAULING ROPE TYPE (TYPE 1 - BICABLE ONLY)		90. EMERGENCY ESCAPE <input type="checkbox"/> YES <input type="checkbox"/> NO
FACTORS OF SAFETY	Based upon maximum loading, ultimate strength, 170 lb. per person				91. CARRIAGE SPACING	
	92. WIND M.P.H		93. HAULING ROPE		94. TRACK ROPE	
					95. TOWERS	
					96. TERMINALS	
	97. CARRIERS AND THEIR FASTENING			98. WELDING		99. COUNTERWEIGHT ROPE
					100. CT WT. ROPE RATIO	
101. GUY OR BACK STAYS			102. FOUNDATIONS _____ Designed to safely withstand imposed loads? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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. PROJECTED AREAS A. SHEAVES      B. CARRIAGE					

114. REQUIRED DATA: The plans required to be submitted with these applications shall include;
1. Profile of ski slope showing spacing of towers, location of drive bull wheel and counterweight bull wheel.
  2. Tabulation of towers giving height, size, type of construction, size of footing, inclination from vertical, etc.
  3. Details of tower construction if of fabricated construction.
  4. Diagram of counterweight roping.
  5. Details of all safety devices as required by Code Rule 32.
  6. All material to be submitted in triplicate.



NORTH POINT

115. PLOT PLAN - SCALE:

I HEREBY CERTIFY THAT THIS INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

116. SIGNATURE OF APPLICANT AND HIS TITLE	117. NAME AND ADDRESS OF FIRM	TELEPHONE NUMBER
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