



Division of Labor  
 Elevator, Boiler and Amusement Ride Bureau  
 1000 East Grand Avenue  
 Des Moines IA 50319-0209  
 Phone: 515-281-5415 or 515-281-3418  
 Fax: 515-242-5076  
 www.iowaelevators.gov

**For Office Use Only**

Date Approved:	By:
Permit Number WT: <i>(if by batch, list entire batch range)</i>	
Check Number:	
Date Received:	
Comments:	

**Wind Tower Lift Permit Application**

**Instructions**

Please type or print clearly. Installer must submit three copies of sectional plans or prints to be included with this application. A complete application must be received in order to prevent processing delays. 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: Division of Labor/Elevators.

Wind Farm Name		County	Total number of lifts covered by this application:
Wind Farm Address (street, city, state, and zip code)			
Wind Farm Owner's Name			
Wind Farm Owner's Address (street, city, state and zip code)			
Wind Farm Billing Name/Address (street, city, state and zip code)			
Manufacturer		Manufacturer Contact Name:	Manufacturer Contact Phone:
Construction Trailer Location		Jobsite Contact Name:	Jobsite Contact Phone:
Rate Speed (provide one measurement): _____ fpm _____ m/s	Capacity (provide one measurement): _____ fpm _____ m/s	Manufacturer Serial Number: <input type="checkbox"/> <i>select if providing attached list with additional serial numbers</i>	Manufacturer Model Name:
Wind Farm Climbing Requirements	Training Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Gear Permissible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Instructions:			
I, hereby, certify all of the information on this form is correct.			
Signature of Applicant: _____		Date: _____	
Title: _____		Phone Number: _____	

### Wind Tower Lift Identification Page

Permit Number: <i>(column to be filled in by State of Iowa staff)</i>	Tower ID Number:	Latitude: <i>(Enter GPS Coordinates)</i>	Longitude: <i>(Enter GPS Coordinates)</i>	Fee: <i>(\$500.00)</i>
WT:				<input type="checkbox"/> Paid
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