Division of Safety and Health
Engineering Services Unit
1220 Washington Ave.
Building 12, Room 154
Albany, NY 12226

NEW YORK STATE | Department of Labor
WORKING FOR YOU

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 above.

Enter plan number of any plans previously examined by the Department of Labor for this project:

_____ Date: ___ / ___ / _____

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 work located at:

   Street number address (if known): _____

   ☐ North ☐ East ☐ South ☐ West side of: _____

1a. Distant: _____ Feet _____ Miles

   ☐ North ☐ East ☐ South ☐ West Of: _____

2. ☐ City ☐ Town ☐ 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. ☐ New Installation

13. ☐ Alteration Date: ___ / ___ / _____

14. Present Certificate Number: _____

15. Details of Alterations:

Main Drive

Electric Motor

16. H.P. _____
17. R.P.M. _____
18. Voltage: _____
19. Phase: _____
20. Motor Overload Protection Type: _____
21. Power Equipment Protection:
    ☐ Fused ☐ Circuit Breaker

Internal Combustion Engine

22. H.P. _____
23. R.P.M. _____
24. Fuel: _____
25. Exhaust to Outside: ☐ Yes ☐ No
26. Ventilated Machine Room: ☐ Yes ☐ No
27. Fuel Tanks: ☐ Above Ground ☐ Buried ☐ Inside ☐ Outside
28. Tank Capacity: _____
29. Fuel Required for day's run: _____

30. Other Description:

Auxiliary Engine

31. Fuel: _____
32. H.P. _____
33. R.P.M. _____
34. Fuel Use Rate: _____
35. Other Description:

Transformer Station

36. Enclosure Height: _____
37. Material: _____
38. Locked Gate: ☐ Yes ☐ No
39. Safety Signs: ☐ Yes ☐ No
40. Are all electrical transmission wires so located or physically shielded by grounded cages so that in case of a collapse or breakage the wires cannot come in contact with cars or passengers? ☐ Yes ☐ No

Speed Control

41. ☐ By Attendant ☐ Automatic
42. If Automatic, Specify Type (Governor, Hydraulic, Pneumatic, Etc,.): _____

Emergency Brake

43. On Drive Shaft: ☐ Yes ☐ No

☐ Manual ☐ Automatic

44. On Drive Sheave: ☐ Yes ☐ No

☐ Manual ☐ Automatic

45. On Track Rope: ☐ Yes ☐ No

☐ Automatic ☐ 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,): _____

51. Height: _____

52. Minimum Clearance Between Machine Enclosure: _____

53. Space Lighted: ☐ Yes ☐ No

54. Moving Parts Guarded or Inaccessible: ☐ Yes ☐ No

55. Exhaust Ventilation: ☐ Yes ☐ 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: _____ Tower Base to Rope: _____

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.

☐ Variable 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: _____

Emergency Stop

68. Non-Restoring Type: ☐ Yes ☐ No 69. At Both Terminals: ☐ Yes ☐ No

70. At Loading and Unloading Points: ☐ Yes ☐ No 71. In Machine Room: ☐ Yes ☐ No

Start Mech.

72. Sole Control of Attendant? ☐ Yes ☐ No

At Drive Station Only? ☐ Yes ☐ No

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: ☐ Yes ☐ No 79. Shatterproof Glass: ☐ Yes ☐ No

80. Locks on Doors: ☐ Yes ☐ No 81. Emergency Key in Cabin under Glass: ☐ Yes ☐ No

82. Diameter of Truck Wheel: _____

83. Auto Brake: ☐ Yes ☐ No

84. All Cabins, Cars, Etc. Numbered: _____ 85. B.S.A. Approval No. For Grip: _____

Ropes

86. Trak Rope Diameter: _____ 86a. Ultimate Break Strength: _____

87. Counterweight Rope Diameter: _____ 87a. 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

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. Counterweight Rope Ratio: _____

101. Guy or Back Stays: _____ 102. Foundations: _____

Designed to safely withstand imposed loads? ☐ Yes ☐ 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. Project Areas

a. Sheaves: _____ b. Carriage: _____

114. Required Data: The plans required to be submitted with these applications shall include:

a. Profile of ski slope showing spacing of towers, location of bull wheel and counterweight bull bull wheel.
b. Tabulation of towers giving height, size, type of construction, size of footing, inclination from vertical, etc.
c. Details of tower construction of fabricated construction.
d. Diagram of counterweight roping.
e. Details of all safety devices as required by Code Rule 32.
f. 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 the Applicant and their Title: _____

117. Name and Address of Firm: _____

Telephone Number: (_____) _____ - _____