

Residential Elevator Quotation

Drive Type: Hydraulic Overhead Drum
 Project Status: Quotation Request Order



<u>Customer Information</u>	<u>Project Information</u>
Date: _____ Cust. PO#: _____	Job Name: _____
Name: _____	Location: _____
Address: _____ _____	Capacity: _____ lbs. Car Travel: _____' - _____"
Contact: _____	Speed: _____ fpm Pit Depth: _____' - _____"
Phone #: _____	Power: _____ V _____ ϕ _____ Hz. Clear O/H: _____' - _____"
Fax #: _____	Landings: _____ Cab Height: _____' - _____"
Email: _____	Hatch Openings: Front: _____ Rear: _____ Side: _____
	Hatch Size: (W): _____' - _____" (D): _____' - _____"
	Platform Size: (W): _____' - _____" (D): _____' - _____"

<p><u>Cabs ("Classic" In-Line is Standard):</u></p> <p>Classic Series:</p> <ul style="list-style-type: none"> • Type: <input type="checkbox"/> In-Line <input type="checkbox"/> Front & Rear <input type="checkbox"/> Front & Side • Ceiling: <input type="checkbox"/> C-1 <input type="checkbox"/> C-2 <input type="checkbox"/> C-3 <input type="checkbox"/> Other _____ • Other Options: <ul style="list-style-type: none"> <input type="checkbox"/> 7'-4" Clear Inside Cab Height <input type="checkbox"/> 8'-0" (Nominal) <input type="checkbox"/> Brushed Brass Handrail <input type="checkbox"/> Polished Brass Handrail <input type="checkbox"/> Oxidized Brass Handrail <input type="checkbox"/> 1/4" Laminated Safety Glass Insert in One (1) Wall <input type="checkbox"/> Other (Specify) _____ • Color Selection _____ <p>Hampton Series:</p> <ul style="list-style-type: none"> • Type: <input type="checkbox"/> In-Line <input type="checkbox"/> Front & Rear <input type="checkbox"/> Front & Side • Ceiling: <input type="checkbox"/> C-1 <input type="checkbox"/> C-3 <input type="checkbox"/> C-4 <input type="checkbox"/> C-5 <input type="checkbox"/> C-6 <input type="checkbox"/> C-7 <input type="checkbox"/> C-8 <input type="checkbox"/> C-9 <input type="checkbox"/> C-10 <input type="checkbox"/> C-11 <input type="checkbox"/> Other _____ • Other Options: <ul style="list-style-type: none"> <input type="checkbox"/> 7'-4" Clear Inside Cab Height <input type="checkbox"/> 8'-0" (Nominal) <input type="checkbox"/> Brushed Brass Handrail <input type="checkbox"/> Polished Brass Handrail <input type="checkbox"/> Oxidized Brass Handrail <input type="checkbox"/> 1/4" Laminated Safety Glass Insert in One (1) Wall <input type="checkbox"/> Delete Moldings (Char, Crown & Base) <input type="checkbox"/> Other (Specify) _____ • Color Selection _____ <p>Signature Series:</p> <ul style="list-style-type: none"> • Type: <input type="checkbox"/> In-Line <input type="checkbox"/> Front & Rear <input type="checkbox"/> Front & Side • Ceiling: <input type="checkbox"/> C-1 <input type="checkbox"/> C-3 <input type="checkbox"/> C-4 <input type="checkbox"/> C-5 <input type="checkbox"/> C-6 <input type="checkbox"/> C-7 <input type="checkbox"/> C-8 <input type="checkbox"/> C-9 <input type="checkbox"/> C-10 <input type="checkbox"/> C-11 <input type="checkbox"/> Other _____ • Other Options: <ul style="list-style-type: none"> <input type="checkbox"/> 7'-4" Clear Inside Cab Height <input type="checkbox"/> 8'-0" (Nominal) <input type="checkbox"/> Brushed Brass Handrail <input type="checkbox"/> Polished Brass Handrail <input type="checkbox"/> Oxidized Brass Handrail <input type="checkbox"/> 1/4" Laminated Safety Glass Insert in One (1) Wall <input type="checkbox"/> Smoked Mirror Insert in Middle Panel on One (1) Wall <input type="checkbox"/> Arched Top Panels <input type="checkbox"/> Other (Specify) _____ • Color Selection _____ <p>Premier Series:</p> <ul style="list-style-type: none"> • Type: <input type="checkbox"/> In-Line <input type="checkbox"/> Front & Rear <input type="checkbox"/> Front & Side • Ceiling: <input type="checkbox"/> C-1 <input type="checkbox"/> C-3 <input type="checkbox"/> C-4 <input type="checkbox"/> C-5 <input type="checkbox"/> C-6 <input type="checkbox"/> C-7 <input type="checkbox"/> C-12 <input type="checkbox"/> Other _____ • Other Options: <ul style="list-style-type: none"> <input type="checkbox"/> 7'-4" Clear Inside Cab Height <input type="checkbox"/> 8'-0" (Nominal) <input type="checkbox"/> Brushed Brass Handrail <input type="checkbox"/> Polished Brass Handrail <input type="checkbox"/> Oxidized Brass Handrail <input type="checkbox"/> 1/4" Laminated Safety Glass Insert in One (1) Wall <input type="checkbox"/> Other (Specify) _____ • Color Selection _____ 	<p><u>Car Doors (Vinyl-Laminate is Standard):</u></p> <ul style="list-style-type: none"> • Quantity: <input type="checkbox"/> One (1) <input type="checkbox"/> Two (2) • Type: <input type="checkbox"/> Vinyl-Laminate <input type="checkbox"/> Vinyl-Laminate w/ (3) Vision Panels <li style="padding-left: 20px;"><input type="checkbox"/> Alumifold <input type="checkbox"/> Visifold w/ Clear or Bronze Frame <li style="padding-left: 20px;"><input type="checkbox"/> Hardwood Oak w/ Stain <li style="padding-left: 20px;"><input type="checkbox"/> Hardwood Oak w/ Stain & (3) Vision Panels <li style="padding-left: 20px;"><input type="checkbox"/> Other _____ • Color Selection _____ • Automatic Car Door Operator: <input type="checkbox"/> One (1) <input type="checkbox"/> Two (2) <p><u>Control Fixtures (#4 St./St. Standard):</u></p> <ul style="list-style-type: none"> • Car: <input type="checkbox"/> Brushed Stainless Steel <input type="checkbox"/> Brushed Brass <input type="checkbox"/> Oxidized Brass <input type="checkbox"/> Polished Brass <input type="checkbox"/> Key Switch _____ Qty. • Hall: <input type="checkbox"/> Brushed Stainless Steel <input type="checkbox"/> Brushed Brass <input type="checkbox"/> Oxidized Brass <input type="checkbox"/> Polished Brass <input type="checkbox"/> Key Switch _____ Qty. • Phone <input type="checkbox"/> Brushed Stainless Steel • Cabinet: <input type="checkbox"/> Brushed Brass <input type="checkbox"/> Oxidized Brass <input type="checkbox"/> Polished Brass <p><u>Pre-Wire Packages:</u></p> <ul style="list-style-type: none"> • Car: <input type="checkbox"/> 2-Stop <input type="checkbox"/> 3-Stop <input type="checkbox"/> 4-Stop <input type="checkbox"/> 5-Stop <input type="checkbox"/> 6-Stop <li style="padding-left: 20px;"><input type="checkbox"/> Remote Machine Room (_____ ft. Additional Wiring) <li style="padding-left: 20px;"><input type="checkbox"/> Pre-Wire COP Only & Mount Phone Cabinet • Hatch: <input type="checkbox"/> 2-Stop <input type="checkbox"/> 3-Stop <input type="checkbox"/> 4-Stop <input type="checkbox"/> 5-Stop <input type="checkbox"/> 6-Stop <li style="padding-left: 20px;"><input type="checkbox"/> Remote Machine Room (_____ ft. Additional Wiring) <p><u>Hoistway Doors & Frames:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Hoistway Door Subframes _____ Qty. <p><u>Miscellaneous:</u></p> <ul style="list-style-type: none"> * <input type="checkbox"/> 3/4" Dia. Hose Assy. <input type="checkbox"/> 5'-0" <input type="checkbox"/> 10'-0" <input type="checkbox"/> 15'-0" <input type="checkbox"/> 6'-0" w/ Double Swivels * <input type="checkbox"/> Low Oil Float Switch <input type="checkbox"/> Bottom Final Limit Switch <input type="checkbox"/> Pit Stop Switch * <input type="checkbox"/> Tank Heater <input type="checkbox"/> Spring Buffers (Required if Pit Depth is Greater than 17") <input type="checkbox"/> Retiring Cam(s) * <input type="checkbox"/> Two-Piece Jack Assembly <input type="checkbox"/> Hoistway Door Interlock Key(s) _____ Qty. <input type="checkbox"/> Disconnect Switches (Motor & Car Light - Mounted & Wired) <input type="checkbox"/> Controller / Run Module <input type="checkbox"/> Temporary Run Pendant Station <input type="checkbox"/> Custom Car Size <input type="checkbox"/> Adjustable Rail Brackets <input type="checkbox"/> Delete G.A.L. Interlocks & Prep for E.M.I. Locks (By Others)
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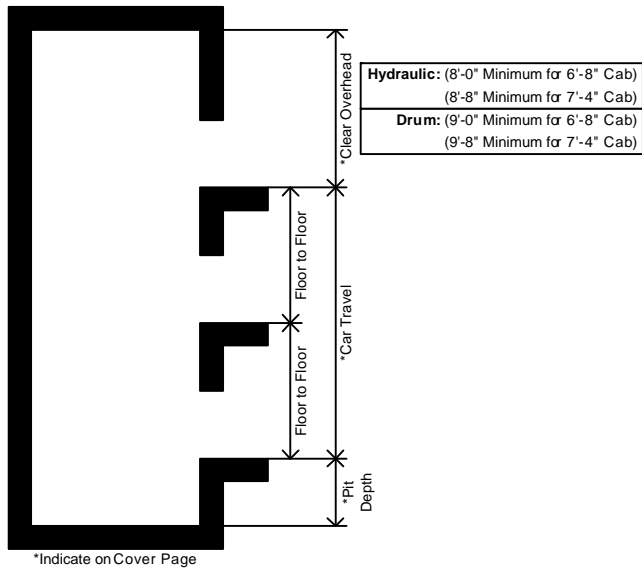
Custom Elevator Manufacturing Company, Inc.

* available only for Hydraulic Drive

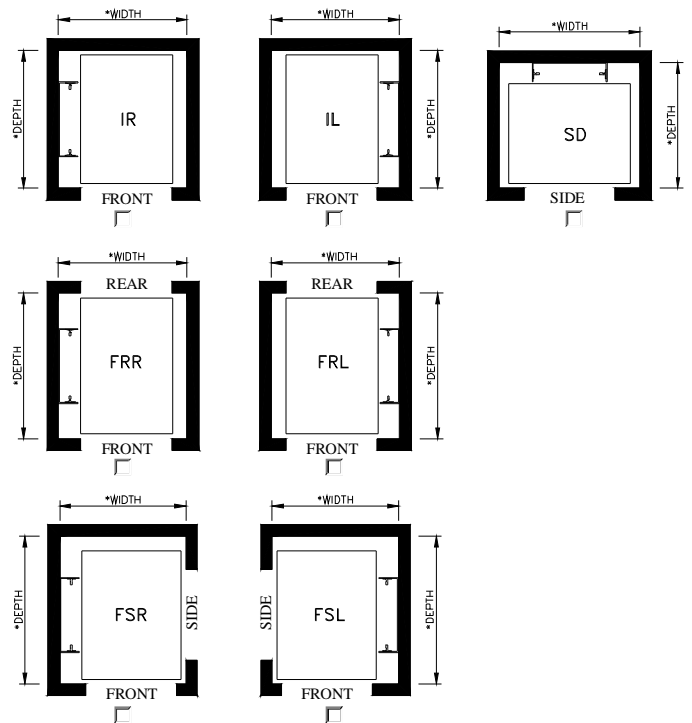
Address: P.O. Box 749 • 5191 Stump Rd. • Plumsteadville, PA 18949
 Toll Free: (888) 443-2800 • Phone: (215) 766-3380 • Fax: (215) 766-3385
 Web: www.customelevatorinc.com • Email: info@customelevatorinc.com

Residential Elevator Quotation

Hoistway Elevation



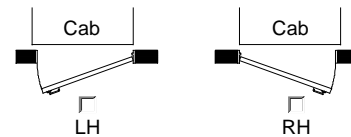
Hoistway Plan



Landing Location Chart

Floor	Front	Rear	Side
6			
5			
4			
3			
2			
1			

Door Swing



Floor to Floor Travel

1st to 2nd Flr. _____
 2nd to 3rd Flr. _____
 3rd to 4th Flr. _____
 4th to 5th Flr. _____
 5th to 6th Flr. _____

*NOTE: 24" Minimum Floor to Floor Travel

<input type="checkbox"/> Front Opening:	<input type="checkbox"/> Left Hand	<input type="checkbox"/> Right Hand
Size: _____ - _____ W x _____ - _____ H	(3'-0" w Std.)	(6'-8" h Std.)
<input type="checkbox"/> Rear Opening:	<input type="checkbox"/> Left Hand	<input type="checkbox"/> Right Hand
Size: _____ - _____ W x _____ - _____ H	(3'-0" w Std.)	(6'-8" h Std.)
<input type="checkbox"/> Side Opening:	<input type="checkbox"/> Left Hand	<input type="checkbox"/> Right Hand
Size: _____ - _____ W x _____ - _____ H	(3'-0" w Std.)	(6'-8" h Std.)

Shipping Information

Ship to: _____

Ship Via: Pick-up Carrier

Terms: Pre-paid Collect 3rd Party

Contact Name: _____

Contact Tel #: _____

(24hrs. notice before delivery will be indicated unless otherwise noted)

Additional Comments

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