



**Department of Health and Social Services
Division of Senior and Disabilities Services**

REQUEST FOR COST ESTIMATE: STAIR LIFT

To: Environmental Modification Service Provider:

Provider #:

From: Care Coordinator:

Care Coordination Agency:

Phone Number:

Fax:

Email:

Re: Recipient:

Street Address:

City, State, Zip Code:

Phone Number:

Email:

COST ESTIMATE DUE PRIOR TO _____, 5:00 PM

CONTRACTOR: Please complete this cost estimate sheet and fax it to the above number. Completion of all items of this cost estimate is required for approval.

COST ESTIMATE SCOPE OF WORK: Stair Lift Installation. All environmental modifications must meet the 1998 Americans with Disabilities Act Accessibility Guidelines. Please document within this cost estimate form, any reason the 1998 Americans with Disabilities Act Accessibility Guidelines cannot be complied with. This work must also meet the requirements of the current adopted International Building, National Electrical and Elevator Code.

1. Stair lifts will meet the 2000 International Building Code 1003.3.3.1
2000 International Building Code 1003.3.3. Stairways.
IBC 1003.3.3.1 Stairway width.
Exceptions #1 Stairways serving occupant load of 50 or less shall have a width of not less than 36 inches (914 mm). (Commercial)
Exceptions #4 where a stairway lift is installed on stairways serving occupancies in Group R-3 (duplex or single family residences), or with dwellings units in occupancies in Group R-2 (dwelling of greater than 2 units) both as applicable in Section 101.2, a clear passage width not less than 20 inches (508 mm) shall be provided. (Residential)
2. All stair lifts are to be of continuous construction. If this can not be accommodated document reason within the cost estimate.
3. All installations meet local building codes.

Contractors are encouraged to obtain before, during and completion photographs.

COST ESTIMATE SUMMARY: Please attach an itemized list containing a breakdown for each of the following cost estimate categories.

- Demolition Cost
- Materials and Equipment (list items)
- Labor
- Specify Fees
- List Permits Required

COST ESTIMATE TOTAL:

Administrative Fee: \$50.00 or 2% of the total cost
(Note: an administrative fee is authorized for HC Agencies only.)

PROJECTED START DATE:

ESTIMATED COMPLETION DATE:

SUBMITTED BY:

- Company Name:
- Street Address:
- Phone Number:
- Name:
- Title:
- List License Type:
- Email:

Statement: If approved, I agree to perform the work of this environmental modification as specified in the scope of work, cost estimate summary and itemized list of cost estimate categories. I further agree that no changes are made to this work without approval of the Division of Senior and Disabilities Services.

Signature

Date/Time: