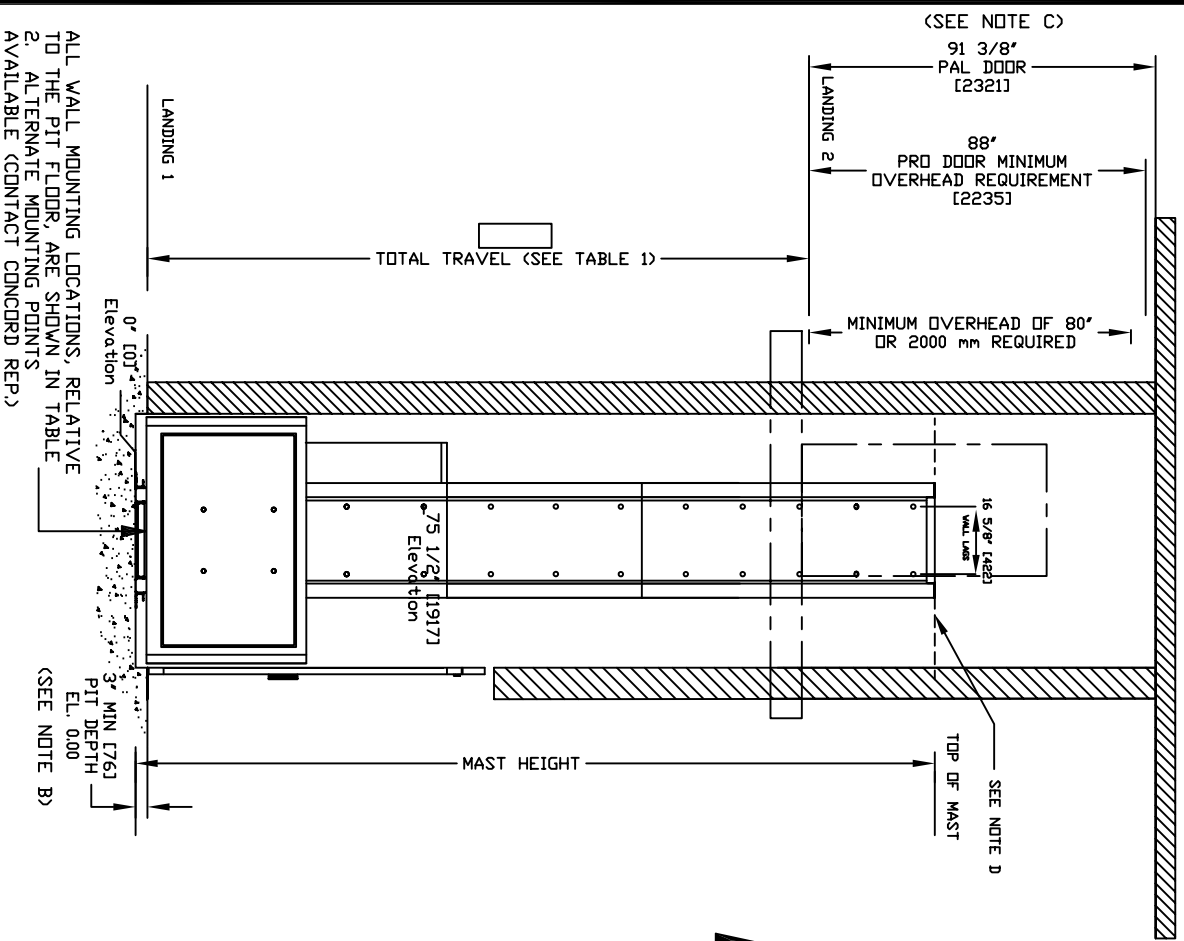


SECTIONAL VIEW A-A PAL -S TYPE-3



ALL WALL MOUNTING LOCATIONS, RELATIVE TO THE PIT FLOOR, ARE SHOWN IN TABLE 2. ALTERNATE MOUNTING POINTS AVAILABLE (CONTACT CONCORD REP.)

TABLE 1- MAST HEIGHT

MODEL	Max. Travel inches(mm)	Mast Height inches(mm)	
		PRIVATE	PUBLIC*
48	48" (1219)	81" (2057)	105" (2667)
72	72" (1829)	105" (2667)	129" (3277)
96	96" (2438)	129" (3277)	153" (3886)
120	120" (3048)	153" (3886)	177" (4496)
144	144" (3658)	177" (4496)	201" (5105)
168	168" (4267)	201" (5105)	225" (5715)

* IF MAX. LIFTING HEIGHT - (TRAVEL+PIT) < 12375(314)

ALL INFORMATION IS SUBJECT TO CHANGE. PLEASE REFERENCE OUR ON-LINE DRAWINGS AT www.concordlevator.com FOR THE MOST RECENT UPDATES
DOCUMENT REVISION 003, DATE: 03/02/05

PLAN VIEW - PAL -S TYPE-3

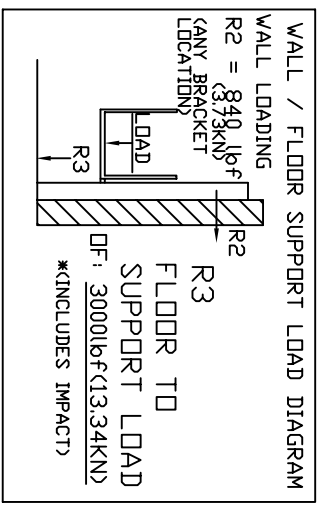
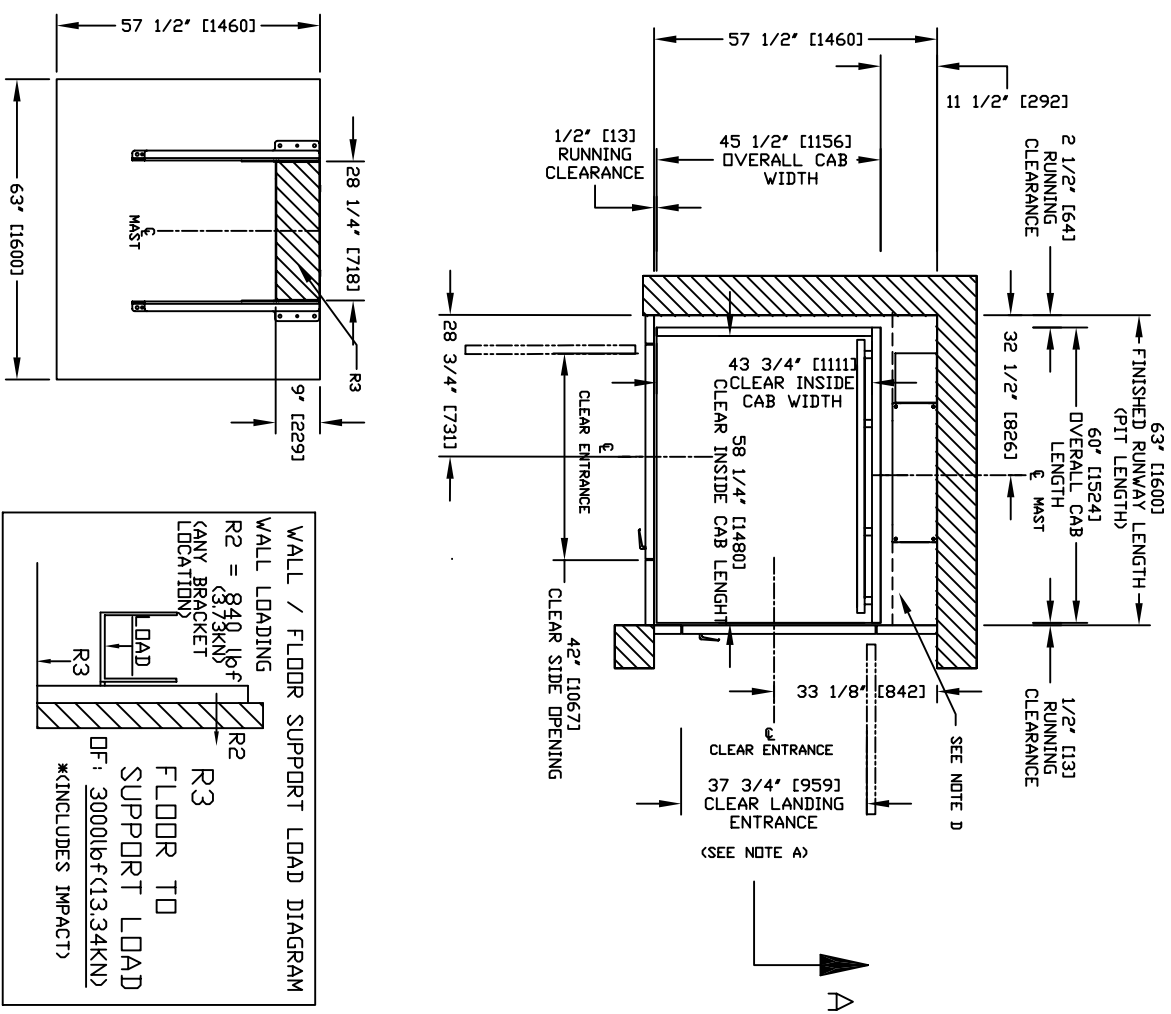


TABLE 2- ELEVATION OF THE ATTACHMENT POINTS

Mast Height	105"	129"	153"	177"	201"	225"
Mandatory	100" (2540)	123 7/8" (3146)	147 3/4" (3753)	172 1/8" (4372)	195 7/8" (4975)	219 3/4" (5582)
Wall mounting						

NOTE B
PAL PRODUCTS CAN BE USED IN NON-PITTED APPLICATIONS. A FIXED RAMP IS REQUIRED IN THESE APPLICATIONS.

NOTE C
REFER TO CONCORD DOOR DRAWINGS FOR DETAILS OF PAL DOORS AND PRO-DOORS. STANDARD FULL HEIGHT GATE SHOWN.

NOTE D
WING WALLS ARE PROVIDED FOR CANADIAN PUBLIC APPLICATIONS OR WHERE CONTINUOUS WALL IS REQUIRED

PROVISIONS BY OTHERS

***GENERAL**
HOISTWAY- THE HOISTWAY MUST BE DESIGNED AND BUILT IN ACCORDANCE WITH 'LIFTS FOR PERSONS WITH PHYSICAL DISABILITIES' (CSA B-355-00) OR 'PRIVATE RESIDENCES LIFTS FOR PERSONS WITH PHYSICAL DISABILITIES' (B-613-00) AND ALL PROVINCIALS AND LOCAL CODES.

PLUMB HOISTWAY- DUE TO CLOSE RUNNING CLEARANCES OWNER/AGENT MUST ENSURE THAT HOISTWAY AND PIT (WHERE PROVIDED) ARE LEVEL, PLUMB AND SQUARE AND ARE IN ACCORDANCE WITH THE DIMENSIONS ON THESE DRAWINGS.

MINIMUM OVERHEAD CLEARANCE- OWNER/AGENT MUST ENSURE MINIMUM OVERHEAD CLEARANCE IS IN COMPLIANCE WITH CODES.

CONSTRUCTION SITE- OWNER/AGENT TO PROVIDE ALL MASONRY, CARPENTRY AND DRYWALL WORK AS REQUIRED AND SHALL PATCH AND MAKE GOOD (INCLUDING FINISH PAINTING) ALL AREAS WHERE WALLS/FLOORS MAY REQUIRE TO BE CUT, DRILLED OR ALTERED IN ANY WAY TO PERMIT THE PROPER INSTALLATION OF THE LIFT.

DIMENSIONS
CONTRACTOR/CUSTOMER TO VERIFY ALL DIMENSIONS AND REPORT ANY DISCREPANCIES TO OUR OFFICE IMMEDIATELY.

***STRUCTURAL**

FLOOR/SUPPORT WALL LOADS- STRUCTURAL ENGINEER TO ASSURE THAT BUILDING AND SHAFT WILL SAFELY SUPPORT ALL LOADS IMPOSED BY THE LIFT EQUIPMENT. REFER TO THE TABLES ON THIS DRAWING FOR LOADS IMPOSED BY THE EQUIPMENT.

WHERE DOORS ARE REQUIRED- SUITABLE LINTELS MUST BE PROVIDED BY OWNER/AGENT. DOOR FRAMES ARE NOT DESIGNED TO SUPPORT OVERHEAD WALL LOADS.

***ELECTRICAL**

POWER SUPPLY- LOCKABLE FUSED DISCONNECT (IS A) WITH AUXILIARY CONTACT TO BRAKE THE BATTERY FEED, OR CIRCUIT BREAKERS (IS A) WITH A 3-POLE BREAKER FOR BATTERY FEED REQUIRED, IN COMPLIANCE WITH ELECTRICAL CODE (CONTACT CONCORD DEALER).

PERMANENT POWER- BEFORE INSTALLATION CAN BEGIN, PERMANENT POWER OF 120 VAC 60 HZ MUST BE SUPPLIED. LIGHTING- OWNER/AGENT TO ENSURE AT LEAST 5 FTC OR 54 LUX AMBIENT LIGHTING OVER LIFT AREA. REMOTE HALL CALL - OWNER/AGENT TO INSTALL THE HALL CALL (WHEN SUPPLIED) AT 42" (1067 mm) FROM LANDING FLOOR.

***ENTRANCES**

FASCIA PANEL BELOW UPPER LEVEL ENTRANCE- WHERE REQUIRED, FASCIA PANEL MUST BE FASTENED TO A SOLID WALL AND BE PERPENDICULAR TO THE FLOOR AND WALLS. HOISTWAY FASCIA IS NOT SELF-SUPPORTING FOR LONG, CONTINUOUS RUNS VOID OF ENTRANCES. ADEQUATE SUPPORT FOR THE FASCIA MUST BE PROVIDED. ENTRANCE ASSEMBLIES MUST BE ADJUSTED TO ALIGN WITH PLATFORM AND INTERLOCK EQUIPMENT. OTHERS TO ALLOW AN ADEQUATE ROUGH OPENING. RETURN WALLS- RETURN WALLS AT ENTRANCES MUST BE BUILT-IN BY OTHERS AFTER ENTRANCE ASSEMBLIES ARE IN PLACE. ENTRANCE ASSEMBLY MUST BE SECURELY FASTENED TO WALLS BY ELEVATOR CONTRACTOR.

NOTES

NOTE A: CLEAR ENTRANCE SHOWN FOR PAL TYPE DOOR. FOR CONCORD PRO-AUTO OR MANUAL FIRE DOOR THE OPENING IS 35" (REFER TO CONCORD DOOR DRAWINGS)

ENCLOSED VERTICAL PLATFORM LIFT

PAL -S TYPE-3, CAN

CUSTOMER:	DATE:
PROJECT:	REVISION DATE:
LOCATION:	COMPLETED BY:
JOB No.	SHEET No.