

**Northwest Colorado Council of Governments
ELEVATOR PERMIT APPLICATION**

Date _____
To _____
From _____
Fax# _____
of pages _____

Permit # _____ Jurisdiction _____

Total Fee _____ Date Paid _____ Receipt # _____

Plan Reviewed and Approved by _____ Date Issued _____

This section to be completed by NWCCOG Permit Expiration Date _____

**** All the following must be completed by the elevator contractor ****
Inaccurate, illegible or missing information will cause a delay in the application process.
Please complete a separate application per conveyance.

Jurisdiction Building Permit # _____

Job Address _____

Owner _____

Mailing Address _____

Phone # _____ Fax # _____

Elevator Contractor _____

Mailing Address _____

Phone # _____ Fax # _____

**** Permits expire in one year for new installations and six months for alterations ****

_____ **New Installation** Unit or Contract # _____

_____ **Alteration** (*unit cannot be returned to service until inspected and approved by NWCCOG*)

Describe Work _____

NOTICE

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of contractor or authorized agent Date

Signature of owner Date

NEW INSTALLATION FEES

Passenger or freight elevator, lu\la, escalator, moving walk:

Up to and including \$50,000 of valuation = \$375.00
Over \$50,000 of valuation = \$375.00 plus \$7.00 for each \$1,000.00 or fraction thereof over \$50,000.00

Lift, Dumbwaiter or private residence elevator:

Up to and including \$20,000 of valuation = \$275.00
Over \$20,000 of valuation = \$275.00 plus \$4.00 for each \$1,000.00 or fraction thereof over \$20,000.00

MAJOR ALTERATION FEES:

Fees for major alterations shall be as set forth in Table 3-A of the Uniform Administrative Code or Table 1-A.

PAYMENT

Cash/Check: Add a 5% discount to Total Fee. Please make checks out to NWCCOG.

Credit Card: Call Ashley Martin at 970-468-0295 x101 to give CC information. Sign below for Credit Card Authorization.

Signature Date

VALUATION _____

TOTAL FEE _____

Elevator plan review and field inspections will be conducted by the Northwest Colorado Council of Governments. Plans will be forwarded to NWCCOG for review and approval. Schedule inspections by contacting the NWCCOG Elevator Inspector at 970-468-0295 ext 108.