



COMMERCIAL CONVEYANCE PERMIT

A separate Permit Application is required for each conveyance.

Permit # _____	This area is to be completed by EIP Office	Permit Extension
_____ Permit Expiration Date		_____ Extended Expiration Date
Date Issued _____		Updated Scope: Yes No
Receipt# _____ Date Paid _____		Updated Valuation: Yes No - If yes, _____
Permit Fee _____		Receipt # _____
Approval Signature _____		Date Paid _____ Extension Fee _____
		Approval Signature _____

** Permits expire in one year for new installations and six months for alterations **
Permit extensions must be applied for prior to permit expiring or a new permit may be required
Changes to code in effect at time of permit extension and/or changes to scope may require a new permit

Job Address _____ **City/Town:** _____ **Zip:** _____

Job Name _____

Job Mailing Address _____

Job Phone # _____ **Email** _____

Elevator Company _____ **State License Number** _____

Mailing Address _____

Phone # _____ **Email** _____

NEW INSTALLATION (ALL items in this box required)

____ **Conveyance Unit/Serial #:** _____

____ **State of Colorado Registration ID# CP** _____ - _____

____ **Building Permit #** _____ **Jurisdiction** _____ **Bldg Official** _____

____ **Is this for Passenger or Freight?** _____

____ **Circle one: Hydraulic - Roped Hydraulic – Traction/Electric – Lift – Other** _____

____ **Number of stops** _____

____ **Plans/Drawings submitted with this Permit Application**

____ **Elevator Status Panel Yes No**

____ **Marking plate for full load working pressure verification**

Available Fault Current at disconnecting means: _____ **Available Fault Current listed on controller:** _____

ALTERATION – Detailed Scope of Work must be submitted with this Permit Application

Unit # _____ **State of Colorado Registration ID# CP** _____

**** Alterations that include controller** Available Fault Current at disconnecting means:** _____ **Fault Current on controller** _____ ******

The conveyance cannot be returned to service until inspected & approved by NWCCOG. No TCO's issued for major alterations.

NOTICE

I hereby certify that I have 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.

Licensed Contractor Signature Date

Conveyance plan review and field inspections will be conducted by NWCCOG Elevator Inspection Program.
Schedule acceptance inspections by emailing NWCCOG at Elevator@NWCCOG.org
An approved Permit does not constitute approval on final inspection.

NEW INSTALLATION FEES

Passenger or freight elevator, Lift, LULA, escalator, moving walk:
Up to and including \$42,000 of valuation = \$750
Valuation \$42,001 and up = round up to the nearest thousand and calculate 1.8%

ALTERATION OR MODIFICATION FEES

Up to & including \$33,000 of valuation = \$750
Valuation \$33,001 & up = round up to the nearest thousand and calculate 2.3%

Extension Fee = \$375

Work performed/started without permit = double the permit fee

VALUATION per contract with owner _____

TOTAL FEE _____

PAYMENT: Credit/Debit Card or Electronic Check -
www.nwccog.org/programs/elevator-inspection-program