



ESCALATOR HANDRAIL CONVEYANCE PERMIT

A separate Permit Application is required for each conveyance.

Permit # _____

Permit Expiration Date _____

This area is to be completed by EIP Office

Date Issued _____

Receipt# _____ Date Paid _____

**** Permits expire six months for alterations **
IF PERMIT EXPIRES BEFORE WORK BEGINS A NEW PERMIT
SUBMITAL MUST BE MADE**

Permit Fee _____

Approval Signature _____

Job Address _____ City/Town: _____ Zip: _____

Job Name _____

Job Mailing Address _____

Job Phone # _____ Email _____

Elevator Company _____ State License Number _____

Mailing Address _____

Phone # _____ Email _____

ALTERATION – Escalator Handrail

Conveyance Unit/Serial #: _____

State of Colorado Registration ID# CP _____ - _____

Up or Down direction _____

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.

ALTERATION OR MODIFICATION FEES

\$150 = Escalator Handrail Replacement Permit

Re-submittal Fee for Expired Permits = \$75

Work performed/started without permit = double the permit fee

TOTAL FEE _____

PAYMENT: Credit/Debit Card or Electronic Check -

www.nwccog.org/programs/elevator-inspection-program

Schedule acceptance inspections by emailing NWCCOG at
Elevator@NWCCOG.org
An approved Permit does not constitute approval on final inspection.

ACCEPTANCE TEST AND CHECKLIST

INDEX VALUE: LEFT #1 _____ #2 _____ AND RIGHT #1 _____ #2 _____

TEST TAGS IN PLACE: ☐ YES ☐ NO

SKIRT DEFLECTOR INSTALLED: ☐ YES ☐ NO

STEP/SKIRT PERFORMANCE INDEX PERFORMED: ☐ YES ☐ NO

MCP Logs Updated ☐ Yes ☐ No

Date _____ ☐ Passed ☐ Failed and need to return

When passed, signed and dated below shall signify an official Certificate of Operation will be issued and this conveyance is considered to have a CO:

Inspector Sign _____ Print _____ Date _____

Elevator Company Sign _____ Print _____ Date _____

NOTES/VIOLATIONS: