



RESIDENTIAL 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 _____		Receipt # _____
Permit Fee _____		Date Paid _____ Extension Fee _____
Approval Signature _____		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)

____ **Building Permit #** _____ **Jurisdiction** _____ **Bldg Official** _____
____ **Circle one: Hydraulic - Roped Hydraulic – Traction/Electric – Lift – Other** _____
____ **Number of stops** _____
____ **Plans/Drawings submitted with this Permit Application** _____
____ **4 Hour back up battery documentation provided** _____

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

____ **Building Permit #** _____ **Jurisdiction** _____ **Bldg Official** _____
____ **IF no building permit is required - submit confirmation document from building department** _____
____ **Plans/Drawings submitted with this Permit Application** _____

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.

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.

PRIVATE RESIDENCE FEES

Private residence elevator - Flat fee = \$750

Extension Fee = \$187

Requested residential inspection or alteration acceptance (non-mandatory per AHJ but available upon request) = \$350 per hour

Note for after permit issued: Acceptance test failure = \$375

(If multiple conveyances are included in a valuation; divide per conveyance and calculate percentage)

TOTAL FEE _____

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

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