



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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