

**Northwest Colorado Council of Governments
CONVEYANCE FIRE ALARM PERMIT APPLICATION**

Permit # _____	Jurisdiction _____	
Total Fee _____	Date Paid _____	Receipt # _____
Plan Reviewed and Approved by _____		Date Issued _____
This box to be completed by NWCCOG		Permit Expiration Date _____

** Permits expire in six months

**** All the following must be completed by the elevator contractor ****

Inaccurate, illegible or missing information will cause a delay in the application process.

A separate application is required for each conveyance.

Job Physical Address _____

Job Name _____

Job Mailing Address _____

Job Phone # _____ Email _____

Contractor _____	
Mailing Address _____	
Phone # _____	Email _____

Conveyance Unit # _____

Describe work _____

(Unit cannot be returned to service until inspected and approved by NWCCOG)

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

**CONVEYANCE FIRE ALARM PERMIT FEE
\$150.00 per hour.**

PAYMENT

Check: Make payable to NWCCOG.
Credit Card: Call Cora Winters at 970-468-0295 x114 to give CC information. Sign below for Credit Card Authorization.

Signature Date

Conveyance plan review and field inspections will be conducted by NWCCOG Elevator Inspection Program. Plans will be submitted to NWCCOG for review and approval. **Schedule inspections by emailing NWCCOG at Elevator@NWCCOG.org.**