

Northwest Colorado Council of Governments CONVEYANCE PERMIT APPLICATION

Permit # _____	Jurisdiction _____	Building Official _____
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 one year for new installations and six months for alterations **

A separate application is required for each conveyance.

Job Address _____

Job Name _____

Job Mailing Address _____

Job Phone # _____ Email _____

NEW INSTALLATION (ALL items in this box required)

___ Conveyance Unit/Serial #: _____

___ State of Colorado Registration ID# CP ___ - ___ - ___ (N/A for residential)

___ Jurisdiction Building Permit # _____

___ Is this for Passenger or Freight? _____

___ Is this for Commercial or Residential? _____

___ Circle one: Hydraulic - Roped Hydraulic – Traction/Electric – Lift – Dumbwaiter – Other _____

___ Plans submitted with this Permit Application

MODIFICATION - DESCRIBE WORK _____

Unit # _____ State of Colorado Registration ID# CP ___ - ___ - ___

Modifications require submission of Material Safety Data Sheets (MSDS).

The conveyance 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

NEW INSTALLATION FEES

Passenger or freight elevator, LULA, escalator, moving walk:
 Up to and including \$50,000 of valuation = \$500
 Valuation \$50,000-\$199,999 = \$500 plus \$20 for each \$1,000 or fraction thereof over \$50,000
 Valuation \$200,000 & up = \$3,500 plus \$10 for each \$1,000 or fraction thereof over \$200,000

Lift, Dumbwaiter or private residence elevator:
 Up to and including \$20,000 of valuation = \$350
 Valuation \$20,000 & up = \$350 plus \$10 for each \$1,000 or fraction thereof over \$20,000

ALTERATION FEES:

Up to & including \$10,000 of valuation = \$350
 Total valuation of \$10,001 - \$25,000 = \$500
 Total valuation \$25,001 & up = \$500 plus \$20 for each \$1,000 or fraction thereof over \$25,001.

VALUATION _____

TOTAL FEE _____

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.**