

# 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 \_\_\_\_\_

Elevator Company _____	State License Number _____
Mailing Address _____	
Phone # _____	Email _____

**NEW INSTALLATION (ALL items in this box required)**

\_\_\_ Conveyance Unit/Serial #: \_\_\_\_\_ (N/A for residential)

\_\_\_ 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**

**NEW INSTALLATION FEES**

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.

**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

**MODIFICATION 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.

\_\_\_\_\_  
 Signature of contractor or authorized agent      Date

\_\_\_\_\_  
 Signature of owner      Date

**VALUATION** \_\_\_\_\_

**TOTAL FEE** \_\_\_\_\_

**PAYMENT**

**Check:** Make payable to NWCCOG.  
**Credit Card:** Call 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.**