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

ALTERATION - 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

PAYMENT

Check: Make payable to NWCCOG.

Credit Card: Pay online with credit card or electronic check at: https://www.colorado.gov/payment/nwccog

NEW INSTALLATION FEES

Commercial Passenger or Freight Elevator, LULA, Lift, Escalator, Moving Walk or Escalator:

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

Private Residence Elevator: Flat Fee = $500.00

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 _____

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.**