

# Elevator Installation Permit Application

NB Installation No.: \_\_\_\_\_

<b>Type</b>	<input type="checkbox"/> New <input type="checkbox"/> Alteration	Contractor _____	Licence No. _____
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<b>Site Information</b>	Building Name _____	Building Usage _____
	Address _____	
	City _____	Province _____

<b>Owner Information</b>	Owner's Name _____		
	Owner's Email: _____		
	Mailing Address _____		
	City _____	Province _____	Postal Code _____

<b>General</b>	Manufacturer _____		Model _____		
	<input type="checkbox"/> Elevator <input type="checkbox"/> Handicap Lift <input type="checkbox"/> LULA <input type="checkbox"/> Escalator <input type="checkbox"/> Freight Platform <input type="checkbox"/> Other _____				
	Capacity	_____ lbs	_____ kgs	No. of Floors	_____
	Speed	_____ fpm	_____ m/s	Main Power Supply	_____ Volts
	Travel	_____ Imp	_____ Metric		
	Emergency Power <input type="checkbox"/> Yes <input type="checkbox"/> No    Firefighters Elevator <input type="checkbox"/> Yes <input type="checkbox"/> No    Firefighters Emergency Telephone <input type="checkbox"/> Yes <input type="checkbox"/> No				

<b>Type of Drive</b>	<input type="checkbox"/> Traction <input type="checkbox"/> Hydraulic <input type="checkbox"/> Rack & Pinion <input type="checkbox"/> Chain <input type="checkbox"/> Other _____			
	<b>Traction</b>	<b>Type of Drive</b>	<b>Type of Safeties</b>	<b>Emergency Brake</b>
		<input type="checkbox"/> Geared <input type="checkbox"/> Gearless <input type="checkbox"/> MRL <input type="checkbox"/> Drum	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Rope Gripper <input type="checkbox"/> Secondary Brake <input type="checkbox"/> Sheave Jammer
	<b>Hydraulic</b>	<input type="checkbox"/> Roped Hydraulic <input type="checkbox"/> In Ground <input type="checkbox"/> Out of Ground	<input type="checkbox"/> Single <input type="checkbox"/> Multiple	<input type="checkbox"/> 1 Stage <input type="checkbox"/> 2 Stage <input type="checkbox"/> 3 Stage

<b>Car Data</b>	Car dimension	Width: _____	Depth: _____	Height: _____
	Type of Doors	<input type="checkbox"/> Single Speed <input type="checkbox"/> Two Speed <input type="checkbox"/> Centre Parting		No. of Entrances: _____

<b>Hoistway Data</b>	Type of Doors	<input type="checkbox"/> Manual <input type="checkbox"/> Power	No. of Entrances:	Front _____	Rear _____
	Type of Buffers	<input type="checkbox"/> Solid <input type="checkbox"/> Spring    Oil	Pit Depth _____		
	Types of Locks	<input type="checkbox"/> Interlock <input type="checkbox"/> Mechanical Lock & Contact	Hoistway Access Switch _____		

<b>Rope Data</b>		Type	No.	Size		Lay Construction
				Metric	Imp.	
	Suspension					
	Governor					

<b>Hydraulic Data</b>	Plunger Diameter:	_____ inches	Flexible Connection	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Estimated Working Pressure:	_____ PSI	Line Rupture Valve	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Estimated Relief Valve Pressure:	_____ PSI	Overspeed Valve	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Cylinder Diameter	_____ inches	Cylinder Sections Welded	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Total Oil Capacity	_____ gallons		

<b>Escalator Data</b>	Rise _____	Speed _____	Step Width _____	<b>ENGINEER'S STAMP</b>
	Type of Balustrade Panels: <input type="checkbox"/> Metal <input type="checkbox"/> Glass			
	Open Well Way: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Miscellaneous Data</b>	Loading Class <input type="checkbox"/> Passenger <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
	Weight of Machine _____			
	Weight of Counterweight _____ %			

Signature _____	Date _____
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PAYMENT INSTRUCTIONS	METHOD OF PAYMENT
Method of Payment: * Cheque or money order made payable to the "Minister of Finance" * Credit Card (Visa or MasterCard ONLY)	<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Card # _____ Expiry Date _____ Signature _____
<b>Fee: \$300.00</b>	