



# 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 _____
	Mailing Address _____
	City _____ Province _____ Postal Code _____ Telephone _____

<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 _____ fprn	_____ 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>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: _____	Width _____

<b>Hoist Way 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 <input type="checkbox"/> 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
	Suspension			Metric    Imp.	
	Governor				
	Compensating				

<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) * Debit Card (if making payment in person) <b>Fee: \$300.00</b>	<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Card # _____ Expiry Date _____ Signature _____