

Conveyance Permit Application

SECTION 1 - INSTALLING COMPANY INFORMATION			
Company Name:		City Registration or License #	
Address:			
City:		State: NY	Zip Code:
INSTALLER CONTACT INFORMATION			
Contact Name		Phone & Fax Numbers	
SECTION 2 - CONVEYANCE INFORMATION			
Conveyance Type: <u>Circle</u> one or <u>More</u> of the below:			
01-Traction Passenger	07-Wheelchair Lift (Private)	14-Moving Walk	
02-Hydraulic Passenger	08-LU/LA	15-Material Lift	
03-Traction Freight	09-Stairway Chairlift (Public)	16-MOD or Major Repair	
04-Hydraulic Freight	11-Stairway Chairlift (Private)	17 Conveyance "Secure"	
05-Escalator	12-Residence Elevator (New)	18 Conveyance "Removal"	
06-Vertical Wheelchair Lift (Public)	13-Dumbwaiter	19 Conveyance "Temporary Out Of Service"	
Manufacturer's Name and Manufacturer I.D. Number:		Conveyance # if Existing	
Conveyance Capacity:	Landings:	Travel in Feet:	Speed:
Building Type: Please <u>circle</u> one of the following:			
Commercial	Apartment/Condominium		
Hospital/Medical Center	Industrial/Manufacturing		
College/University	Retirement/Nursing Home		
Church	Residence		
School (Not R.C.S.D.)	Other _____		
Public Lodging (Hotel/Motel)			
SECTION 3 - BUILDING INFORMATION			Master Permit #
Name of the Building			
Building Address(include Zip)			
Building Contact (Name, Address & Phone Number)			
<u>Project Cost:</u>		<u>Permit Fee:</u>	
Estimated Start Date:			
Estimated Completion Date:			
Elevator Inspection Co. You Plan to Obtain for Acceptance Inspection upon Completion:			
ACE ___ ALPS ___ CNY ___ NEIS ___			