



City of Black Hawk, Colorado

P.O. Box 68, 211 Church St
 Black Hawk, CO 80422
 Ph: (303) 582-2231 Fax: (303) 582-2239

Application Date: _____
 Issue Date: _____
 Date Closed: _____
 Grant #: _____

CONVEYANCE PERMIT APPLICATION (Please Print Legibly)			
PROJECT INFORMATION	<input type="checkbox"/> Commercial	Project Use/Description	
	<input type="checkbox"/> Residential		
	TUP Required?	Project Address	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	COA Required		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CONTRACTOR (APPLICANT)	Name		
	Address		
PROPERTY OWNER	Name		
	Address		
ARCHITECT	Name		
	Address		
STRUCTURAL ENGINEER	Name		
	Address		
ELECTRICAL CONTRACTOR	Name		
	Address		
Building Valuation or Cubic Yards	\$	Electrical Valuation	\$
Contractor Registration Number		Subcontractor Registration Number	
State Master Electrician's Name and Number			
<p>I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions and ordinances governing this type of work will be complied with whether specified herein or not. I understand that the granting of a permit does not presume to give any authority to violate or cancel the provisions of any other state or local law regulating construction or performance of construction. Any alteration in approved plans must be submitted to the building department for approval.</p>			
_____ Print Name of Applicant or Authorized Agent		_____ Signature of Applicant or Authorized Agent (Original Signature Required)	
DO NOT WRITE BELOW THIS LINE			
Required Approvals		Permit Number:	
		FEES	
AGENCY	DATE	Minor Alteration	
Public Works		Major Alteration	
Water		Conveyance Plan Review	
Fire Department		Like Plan Review	
Zoning/Planning		Revised Plan Review	
HPC		Acceptance Test	
Council		Residential Lift	
Health Department		Building Permit	
Sanitation		Building Plan Review	
Excavation Bond		Electrical Permit	
Baseline		Electrical Plan Review	
SafeBuilt		Fire Plan Review	
ASES		Use Tax	
Other		Permit Violation Fee	
Other		Total	
		Municipal <input type="checkbox"/> Yes	Fees Waived if box is checked

CONVEYANCE INFORMATION

# of Conveyances:		Registered W/State?	
Manufacturer:		Model:	
Conveyance Type:		Drive Type:	
Rated Load:		Rated Speed:	
# of Landings:		Total Rise:	
Proper Freight Signage:		Escalator Angle Degree:	
State Registration CP #:	Local ID #:	Job Contract #:	

NEW INSTALLATION INFORMATION

PIT

Buffer:		Sump Pump:	
Buffer Stroke:		Buffer Stroke:	
Reduced Stroke:		Refuge Space:	
Pit Ladder?		Pit Depth:	
# of Stop Switches:		Alternate Car Clearance:	

HOISTWAY

Type:		Top Refuge Space:	
Pressurized?		Car Top Runby:	
Sprinkled?		Car Bottom Runby:	
CWT Location:		CWT Top Runby:	
Accessible Space Below Hoistway?		CWT Bottom Runby:	
Floor Over Hoistway?		CWT Weight:	
Multiple Hoistways?		Blind?	
Construction:		Ventilation?	
Enclosure Surface?		Rail Length:	
Alternative Car Clearance:		Rail Bracket Spacing:	
Rail Type:		Angle Percentage?	

NEW INSTALLATION CONTINUED**SUSPENSION**

Type:

Number:

Size:

Material?

GOVENOR

Rope Size:

Model:

Rope Type:

Material:

MACHINE ROOM/CONTROL ROOM SPACE

Machine Type:

Valve Model:

Location:

Motion Control Type:

Sprinkled?

Operation Control Type:

Working Platform?

Temp and Humidity
Control Type?

Valve Manufacturer:

Construction:

SAFETY DEVICES

Type:

Slack Rope Switch:

Duplex:

Counterweight:

Speed Governor Type:

Ascending Car:

Car Safety Switch:

Overspeed & Unintended
Car Movement Protection:

Compensating Ropes:

CAR/ENCLOSURE

Cab Panel Material:

Flooring Material:

Flame Rating/Smoke
Development:

Critical Radiant Flux:

Inside Car Dimensions:

Car Weight:

Railing on Car Top:

Ventilation Type:

Inspection Operation:

DOORS/ENTRANCES

Type (Passenger):

Type (Freight):

Glass:

Front and Rear:

EMERGENCY OPERATION

Firefighter Service:

Key Type:

Occupant Evacuation
Operation:**LAYOUT REQUIREMENTS**

Complies With:

ALTERATION INFORMATION

Check as many as apply. If any components are not on the checklist, please check "other" and list the components to be altered. CP&D may change the alteration designation from minor to major when the "other" box is checked.

MINOR ALTERATION

<input type="checkbox"/>	Addition of power operation to door systems			
<input type="checkbox"/>	Changes to the guide rails, supports, or fastenings			
<input type="checkbox"/>	Changes to car or counterweight buffers where the load rating has been changed			
<input type="checkbox"/>	Increase or decrease of the dead weight of the car more than 5%			
<input type="checkbox"/>	Installation of new car or counterweight safeties or alteration of existing safeties			
<input type="checkbox"/>	Installation or alteration to a speed governor			
<input type="checkbox"/>	Alteration to the terminal stopping device			
<input type="checkbox"/>	Addition of a hoistway entrance			
<input type="checkbox"/>	Cab Panels	Material	Flame Spread	Smoke Development
<input type="checkbox"/>	Flooring	Material	Critical Radiant Flux	
<input type="checkbox"/>	Change to or replacement of a hydraulic jack, plunger, or cylinder			
<input type="checkbox"/>	Installation of a plunger gripper			
<input type="checkbox"/>	Replacement of existing control valve with a valve of another type		From	To
<input type="checkbox"/>				
<input type="checkbox"/>	Replacement of a hydraulic tank			
<input type="checkbox"/>	Replacement of a hydraulic tank and valve (power unit)			
<input type="checkbox"/>	Increase in working pressure by more than 5%			
<input type="checkbox"/>	Alteration to emergency/standby power system			
<input type="checkbox"/>	Controller replacement for a hoistway/car door or car gate			
<input type="checkbox"/>	Suspension members replacement/change			
<input type="checkbox"/>	Escalator handrails replacement/change			
<input type="checkbox"/>	Other			

MAJOR ALTERATION

<input type="checkbox"/>	Increase of rate load	From	To
<input type="checkbox"/>	Increase of rated speed	From	To
<input type="checkbox"/>	Increase or Decrease in rise	From	To
<input type="checkbox"/>	Change in service type	From	To
<input type="checkbox"/>	Installation or replacement of controller	From	To
<input type="checkbox"/>	Installation or alteration of driving machine, driving machine brake or driving machine sheaves (this includes moving a driving machine)		
<input type="checkbox"/>	Changes in freight elevator to allow passengers		
<input type="checkbox"/>	Any alteration on a dumbwaiter or material lift		
<input type="checkbox"/>	Other		

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APPLICANT OR AUTHORIZED AGENT

I certify that all components of the entire proposed installation or alteration have been verified by the conveyance manufacturer or component manufacturer to meet all code required safety factors for all loads, forces, impacts and general requirements as stated in the currently adopted versions of code.

Applicant or Authorized Agent	Title
Signature of Applicant or Authorized Agent	Date