

ELEVATING DEVICES INSTALLATION PERMIT APPLICATION DRAWINGS AND SPECIFICATIONS SUBMISSION

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Note: The information on this form is collected to administer the provisions of the Safety Standards Act and section 26 of the Freedom of Information and Protection of Privacy Act. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information & Privacy Analyst at 1 866 566 7233.

Electronic submission: You may submit this form via email. Your email must include an **electronic seal** on page 2 and the drawings and specifications, submitted **before starting the installation**.

Paper submission: This form, together with the drawing and specifications **must be completed** and submitted to the New Vancouver office **before starting the installation**.

Only one unit is allowed per submission. All sections **must be completed** as part of the submission.

Unit Number: <input style="width: 90%;" type="text"/>	Permit Number: <input style="width: 90%;" type="text"/>
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A. PERMIT INFORMATION (PRINT clearly)

Applicant Name: <input style="width: 95%;" type="text"/>			
<small>Licensed Contractor Name</small>			
I hereby declare that the device and the installation described herein will conform to the Safety Standards Act and Regulations and all other applicable codes.			
Contractor Officer's Name: <input style="width: 95%;" type="text"/>			
Contractor Officer's Signature: <input style="width: 95%;" type="text"/>			
<input type="checkbox"/> Checking this box and submitting this form to Technical Safety BC via email constitutes your authorization. This has the same effect as submitting a handwritten signature.			
Contractor Phone No.: <input style="width: 50%;" type="text"/>	Date: MM	DD	YYYY
Expedited? (<i>mandatory</i>)	<input type="checkbox"/> 3 Day Rush	<input type="checkbox"/> 4-7 Day Rush	<input type="checkbox"/> No Rush

B. SITE INFORMATION

Name: <input style="width: 80%;" type="text"/>		Job Name/No: <input style="width: 80%;" type="text"/>	
<small>Site or Building Name</small>			
Site Address: <input style="width: 50%;" type="text"/>	<small>Suite No</small> <input style="width: 20%;" type="text"/>	<small>Street No:</small> <input style="width: 20%;" type="text"/>	<small>Street Name:</small> <input style="width: 30%;" type="text"/>
<small>Name of Building/Device Owner:</small> <input style="width: 95%;" type="text"/>		<small>City:</small> <input style="width: 20%;" type="text"/>	<small>Postal Code:</small> <input style="width: 20%;" type="text"/>
<small>Mailing Address:</small> <input style="width: 50%;" type="text"/>	<small>Suite No:</small> <input style="width: 20%;" type="text"/>	<small>Street No:</small> <input style="width: 20%;" type="text"/>	<small>Street Name:</small> <input style="width: 30%;" type="text"/>
<small>If Different from Site Address</small>		<small>City:</small> <input style="width: 20%;" type="text"/>	<small>Postal Code:</small> <input style="width: 20%;" type="text"/>
Phone: <input style="width: 20%;" type="text"/>	Name: <input style="width: 20%;" type="text"/>	Email: <input style="width: 30%;" type="text"/>	Preferred method of contact <input type="checkbox"/> Email <input type="checkbox"/> Mail

C. PERMIT TYPE & CLASS

Type of Installation: <input style="width: 80%;" type="text"/>	Class: <input style="width: 80%;" type="text"/>
<small>Choose an item.</small>	<small>Choose an item.</small>
Floors Served: <input style="width: 20%;" type="text"/>	Occupancy Type: <input style="width: 80%;" type="text"/>
Number of Entrances: <input style="width: 20%;" type="text"/>	<small>Choose an item.</small>

D. SEISMIC ZONE INFORMATION & PROFESSIONAL ENGINEER'S INFORMATION AND SEAL

Applicable Code/Supplement:	Choose an item.	P. Eng. Seal & signature
Seismic Zone:		
Elevating Device Requires Seismic Protection:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>I have signed, sealed and dated and hereby certify that I have verified that Drawings, Specifications and Technical Information conform to applicable Codes.</i>		
P. Eng. Name:	Date: MM DD YYYY	

E. UNIT INFORMATION

Unit Name:	Unit Type: <input type="checkbox"/> Passenger <input type="checkbox"/> Freight	Unit Class: Choose an item.
Manufacturer:		
Travel (mm):	Capacity (kg):	Speed (m/s):

F. MACHINE ROOM EQUIPMENT SPECIFICATIONS

Type Of Traction Driving Machine:	<input type="checkbox"/> Geared <input type="checkbox"/> Gearless	Type of Hydraulic Drive:	<input type="checkbox"/> Direct <input type="checkbox"/> Indirect <input type="checkbox"/> Roped <input type="checkbox"/> Chain
Type of Special Application :	Choose an item.	Machine Model:	
Controller Type / Model:		Software Version:	
Machine Room/Space Location: Choose an item. Floor #	Control Room/Space Location: Choose an item. Floor #	Type of Operation Control: Choose an item.	

G. GOVERNOR & SAFETIES

Governor Location:	Choose an item.	Sheave Diameter (mm):	Access door to governor provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type:	Model:	Rope Size (mm):	Rope Type/Material:	
Car Safety Type:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Car Safety Model:		
CWT Safety Type:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	CWT Safety Model:		
Ascending Overspeed & Unintended Movement Protection:	<input type="checkbox"/> Emergency Machine Brake <input type="checkbox"/> Rope Gripper <input type="checkbox"/> Car Safeties <input type="checkbox"/> Other			
If Other please specify:				
If Rope Gripper, Supply engineers approved drawings for mounting.				

H. HYDRAULIC SPECIFICATIONS

Hydraulic Line Valve Type:		Manufacturer:		Model #:	
<input type="checkbox"/> Hydraulic Overspeed <input type="checkbox"/> Hydraulic Control					
Cylinder Protection:		Hydraulic Cylinder:		Oil Line:	
<input type="checkbox"/> PVC <input type="checkbox"/> Cathodic Protection <input type="checkbox"/> Other If Other, please specify _____		<input type="checkbox"/> Buried Cylinder <input type="checkbox"/> Cylinder in Hoistway		<input type="checkbox"/> Buried Oil Line <input type="checkbox"/> Oil Line in Common Area	
Hydraulic System Details	Recycling Operation	Aux Lowering	Flexible Connection	Oil Cooling System	
Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plunger Diameter (mm):	Working Pressure (psi):	Max Relief Pressure (psi):			
Roped Hydraulic Safeties:	<input type="checkbox"/> Governor <input type="checkbox"/> Slack Rope/Chain		Machine Room Ventilation		
If Governor, provide information in governor section			<input type="checkbox"/> Natural <input type="checkbox"/> Mechanical		

I. HOISTWAY INFORMATION

Hoistway Construction:	Choose an item.	Hoistway Access:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Access Floor:	Choose an item.
Suspension & Compensating Means:	<input type="checkbox"/> 1:1 <input type="checkbox"/> 2:1 <input type="checkbox"/> Other			if Other please specify	
Hoisting Ropes	Number:	Size (mm):	Material/Type:		
Compensating	Number:	Size (mm):	Material/Type:		
Buffers:	Reduced Stroke Buffers		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car Buffers Manufacturer:	Model #:	Type:	<input type="checkbox"/> Oil Buffer <input type="checkbox"/> Spring	Stroke (mm):	
CWT Buffers Manufacturer:	Model #:	Type:	<input type="checkbox"/> Oil Buffer <input type="checkbox"/> Spring	Stroke (mm):	
Landing Entrances Width (mm):	Height (mm):	Blind Hoistway:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Entrance Type:	Choose an item.	Access Doors:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Entrances Manufacturer:	Model:	Elevator Open to a Suite or Private Residence			
		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, SRW variance Required			

J. CAR INFORMATION

Car Walls Type / Material:	Car Floor Type / Material:	Car Weight (kg):
Type of Car Door Restriction:	<input type="checkbox"/> Restrictive Clutch with Gate Contact <input type="checkbox"/> Car Door Interlock	
Door Operator Manufacturer:	Model:	

K. B355 LIFTS INFORMATION

Lift Type	Choose an item.	Controller Type / Model:	
Type of Safeties:	Choose an item.	Aux Lowering Operation:	<input type="checkbox"/> Yes <input type="checkbox"/> No

L. FREIGHT ELEVATORS INFORMATION

Freight Elevator Class:	Choose an item.	Entrances:	<input type="checkbox"/> Bi-parting <input type="checkbox"/> Vertical <input type="checkbox"/> Automatic
Material Hoist:	<input type="checkbox"/> Type A <input type="checkbox"/> Type B		<input type="checkbox"/> Remote Control <input type="checkbox"/> Manual <input type="checkbox"/> Power <input type="checkbox"/> Swing

M. ESCALATOR / MOVING WALK INFORMATION

Rise:	mm	Step Width:	mm	Type of Balustrade:	<input type="checkbox"/> Glass <input type="checkbox"/> Metal	Open well-way:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Escalator and Moving Walk Certification/Type Test: (Please Supply, Brakes Type Test, Step & Pallet Fatigue, Moving Walk Pallet)				<input type="checkbox"/> Yes <input type="checkbox"/> No		Portable Ins Station:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Escalator / Moving Walk Controller Type:						Model #:	

N. EMERGENCY POWER & FEO INFORMATION

Emergency Power Provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Rescue Operation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
FEO Main Recall Floor Level:		Restricted Car Calls System Provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alternative Recall Floor Level:			

O. VARIANCES, AECO & MAINTENANCE INTERVALS INFORMATION

Is there any Variance to this unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance Contractor:		Maintenance Intervals:	
AECO Certification Applicable:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please identify below if applicable	
Component	CCD	MCP	Testing & Comments
Are Electrical/Electronic/Programmable Electronic Systems (E/E/PES) Applicable?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Listing / Certification	Label / Marking	SIL Level	Testing & Comments

P. ALTERATION INFORMATION

Date of Alteration : MM DD YYYY	Applicable Code/Supplement:
Scope of Work	Code Reference No