

Conveyance Installation Permit Application

DFD Only	Facility ID #:	Amount Paid:	Rev. By/Date:
	Conveyance ID #:	Check #:	Check Date:

The Elevator and Escalator Certification Act, Title 9 Article 5.5 Section 113 (2) CRS, requires the conveyance contractor to submit a permit application and construction plans 30 days prior to construction, to the Denver Fire Department (DFD) stating the contractors intent to install a new conveyance. No installation activities shall begin until plans are approved by the DFD, and conveyances shall not be placed into service until inspected by an inspector licensed by the DFD. **All required documents must be submitted to the DFD at the address listed above. All conveyances must be inspected by a third party inspector and registered with The Colorado Division of Oil and Public Safety prior to being placed into service.**

Submit completed form (typed or printed) for each conveyance and fee to DFD at the address above. Inaccurate, illegible or missing information will cause a delay in application processing.

Facility	Building Name:	Address:		
	City:	County:	Zip Code:	
Owner	Owner/Mgmt Company:	Address:		
	City:	State:	Zip Code:	Phone:
	Contact Name:	Email:		
Elevator Contractor	Elevator Contractor:	Contact Name:		
	Email:	Phone:	Fax:	
	Denver License #:	State License #:		
General Contractor	General Contractor:	Contact Name:		
	Denver License #:	Phone:	Email:	
Conveyance Information	You must Select One. <i>If Building is being constructed to the 2018 Edition of the IBC, the communication requirement is required.</i>		<input type="checkbox"/> Compliant with ASME A17.1 2019 Excluding Communication Requirement	
			<input type="checkbox"/> Compliant with ASME A17.1 2019 in its Entirety	
	Type of Project (New installation, Replacement):		Code Edition Conveyance is being Installed:	
	State ID Number:		Other Identifying Number:	
Type of Equipment:		New Install Job or Contract number:		
Fees	New Installation or complete replacement (Plan Review Fee \$300.00 Per Conveyance)			
Signature	I certify that all the above statements are true and accurate to the best of my knowledge and belief.			
	Signature:			Date:
	Printed Name:		Title:	