

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:	Permit Number:
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A. PERMIT INFORMATION

Applicant Name: <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:			
Contractor Officer's Signature:			
<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.:	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: <small>Site or Building Name</small>		Job Name/No:	
Site Address:	<small>Suite No</small>	<small>Street No:</small>	<small>Street Name:</small>
			<small>City:</small>
			<small>Postal Code:</small>
Name of Building/Device Owner:			
Mailing Address: <small>If Different from Site Address</small>	<small>Suite No:</small>	<small>Street No:</small>	<small>Street Name:</small>
			<small>City:</small>
			<small>Postal Code:</small>
Phone:	Name:	Email:	Preferred method of contact <input type="checkbox"/> Email <input type="checkbox"/> Mail

C. PERMIT TYPE & CLASS

Type of Installation:	Choose an item.	Class:	Choose an item.
Floors Served:	Number of Entrances:	Occupancy Type:	Choose an item.

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	
<p>The submitting engineer shall provide the applicable information, [see CSA B44-16 Clause 8.4(b)] which either verifies the compliance with or the exclusion of seismic requirements. Note: see table C-3 (seismic design data for selected locations in British Columbia) in the</p> <p><i>By sealing, and dating this design, I certify that the submitted design, to the best of my knowledge, is safe for construction and use, complies to the standards identified in this application, under my direct supervision and/or been reviewed directly by me, and I have the skill and experience necessary to design and evaluate compliance to the identified standards</i></p>		
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:		If other, please specify _____	
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"/> Flexible Liner 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):	
Working Pressure after car alteration (psi)		Working pressure is greater than 5% after car alteration			
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 Means Configuration:	<input type="checkbox"/> 1:1 <input type="checkbox"/> 2:1 <input type="checkbox"/> 1:2 <input type="checkbox"/> 4:1			if Other please specify	
Suspension Means	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: Choose an item.	Stroke (mm):
CWT Buffers Manufacturer:		Model #:		Type: Choose an item.	Stroke (mm):

J. LANDING DOOR INFORMATION

Landing Entrances Width (mm):		Landing door mass (kg):		Blind Hoistway:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Landing Entrances Height (mm):		Car door mass (kg):		Blind Hoistway:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Entrance Type:	Choose an item.			Pit 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	

K. CAR INFORMATION

Car Walls Type / Material:		Car Floor Type / Material:		Car Capacity (kg):	
Inside net platform		Total weight of complete car (kg)		Counterweight Weight (kg)	
Total weight added removed (kg)		Total weight of complete car after alteration (kg)		Overbalance (original)	
				Overbalance after alteration	
Total cumulative weight of car and capacity after alteration is +/- 5%			Yes\ No		
Type of Car Door Restriction:	<input type="checkbox"/> Restrictive Clutch with Gate Contact <input type="checkbox"/> Car Door Interlock				
Door Operator Manufacturer:		Model:			

L. 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

M. FREIGHT ELEVATORS INFORMATION

Freight Elevator Class:	Choose an item.	Entrances:	<input type="checkbox"/> Bi-parting <input type="checkbox"/> Vertical <input type="checkbox"/> Automatic
Material Lift:	<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	

N. 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 #:		

O. 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:			

P. 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

Q. ALTERATION INFORMATION

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