



APPLICATION FOR PERMIT FOR ELEVATING DEVICE INSTALLATION FOR USE BY QUALIFIED ELEVATOR CONSTRUCTORS

Pursuant to the Electrical Protection Act

Please Print All Information Clearly

Name of City, Town, Village or Hamlet		
General Description or Street Location	Lot	Block
Premise Owned or Occupied by:		
Address	Phone Number	
Postal Code	Date ____ / ____ / ____	
ELECTRIC	HYDRAULIC	ESCALATOR
DUMBWAITER	HANDICAP	OTHER
Provide for inspection and our records a complete set of plans stamped by a Professional Engineer registered with N.A.P.E.G.G. which includes:(a)Elevating Device Specification Sheet(s) (b) Field Drawings and (c) Directional & Safety circuits.		
NEW INSTALLATION	YES	NO
ALTERATION TO EXISTING ELEVATING DEVICE	YES	NO
ELEVATING DEVICE CODE STANDARD TO BE USED:		

ELEVATING DEVICE CONTRACTOR:	PHONE NUMBER	FAX NUMBER
ADDRESS:	COST OF INSTALLATION (INCLUDES, LABOUR, TRAVEL, ROOM & BOARD)	\$
POSTAL CODE		\$
PERMIT FEE:		
<p><i>I (We) propose to install an elevating device, the particular of which are set out above and hereby certify that the installation will be completed in accordance with the Territorial Electrical Protection Act, the Electrical Protection Regulations and the latest adopted code standards for which the installation applies.</i></p> <p><u>Certified Contractor's Signature</u></p> <p><u>NWT Registration No.</u></p>		<p>Make Payment to: GOVERNMENT OF THE NORTHWEST TERRITORIES</p> <p>Forward this form & fee to:</p> <p>Electrical/Mechanical Safety Infrastructure Box 1320 Yellowknife, NT X1A 2L9 (867) 767-9043</p>

Receipt No.
Permit No.