

Choose one: <input type="checkbox"/> NEW INSTALLTION <input type="checkbox"/> ALTERATION
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(PLEASE PRINT THE REQUIRED INFORMATION)

A. Location Information - Physical location of elevator		
BUILDING NAME		
ADDRESS	CITY	POSTAL CODE
CONTACT NAME	PHONE NUMBER	

B. Owner Information - The name and address of the entity and/or agent acting on their behalf		
NAME OF BUILDING OWNER		OWNERS EQUIPMENT ID NO.
MAILING ADDRESS	CITY	POSTAL CODE
CONTACT NAME	PHONE NUMBER	EMAIL

C. Billing Information - The name and address of the entity and/or agent acting on their behalf		
BILLING NAME		
MAILING ADDRESS	CITY	POSTAL CODE
CONTACT NAME	PHONE NUMBER	EMAIL

D. Alteration/Other Installation Information – Initial invoice(s) and certificate will be mailed to the installer	
INSTALLATION COMPANY NAME	TYPE OF ELEVATING DEVICE Choose an item.

I hereby declare:	
1. The elevator installation shall conform to the <i>Elevator Act and Regulation</i> and all other applicable codes and is entirely the responsibility of the owner and/or contractor. The Department assumes no responsibility by registering designs, examining the plans and/or inspecting the equipment, facility or installation. 2. The electrical installation shall conform to CSA C22.1. 3. A final, approved inspection is required prior to use. All phases of construction affecting the elevator shall be completed before the final inspection is requested.	
SIGNATURE	DATE

INSPECTION AND TECHNICAL SERVICES MANITOBA OFFICE USE ONLY			
DATE RECEIVED	DATE DRAWING APPROVED	INSTALLATION PERMIT FEE	
LOCATION #	OWNER #	BILLING #	ELEVATOR #

E. Permit Type and Class		
FLOORS SERVED	ENTRANCES TO CAR	OCCUPANCY TYPE

F. Unit Information		
SIGNAL DEVICE Choose an item.	DRIVE TYPE Choose an item.	
MANUFACTURER	NUMBER OF PASSENGERS	MANUFACTURER'S DRAWING NUMBER
TRAVEL (ft)	CAPACITY (lbs)	SPEED (f/m)

G. Machine Room Equipment Specifications		
MACHINE MODEL		
CONTROLLER TYPE/MODEL	SOFTWARE VERSION	
MOTOR VOLTAGE Choose an item.	HORSEPOWER	TYPE OF INTERLOCKS Choose an item.
MACHINE ROOM/SPACE LOCATION	CONTROL ROOM/SPACE LOCATION	TYPE OF OPERATION CONTROL Choose an item.

H. Governor Safeties (Only if applicable)			
GOVERNOR LOCATION		SHEAVE DIAMETER	
SAFETY DEVICES Choose an item.	SPEED SET AT	SPEED OF CAR	MODEL
ROPE SIZE	ROPE TYPE/MATERIAL		
SPEED GOVERNOR Choose an item.	CWT SAFETY TYPE Choose an item.		
IF OTHER, PLEASE SPECIFY			

I. Hydraulic Specifications (Only if applicable)			
MANUFACTURER		MODEL	
CYLINDER PROTECTION Choose an item.	HYDRAULIC CYLINDER Choose an item.	OIL LINE Choose an item.	
IF OTHER, PLEASE SPECIFY:			
HYDRAULIC SYSTEM DETAILS Choose an item.	AUX LOWERING Choose an item.	FLEXIBLE CONNECTION Choose an item.	OIL COOLING SYSTEM Choose an item.
PLUNGER DIAMETER	WORKING PRESSURE (psi)	MAX RELIEF PRESSURE (psi) SET AT:	

J. Hoistway Information					
HOISTWAY ACCESS Choose an item.			SUSPENSION MEANS Choose an item.		
NO. OF HOISTING ROPES	SIZE	MATERIAL/TYPE	NO. OF COMPENSATING	SIZE	MATERIAL/TYPE
TYPE OF BUFFER Choose an item.			ENTRANCE TYPE Choose an item.		

K. B355 Lifts Information - (Only if applicable)	
LIFT TYPE Choose an item.	CONTROLLER TYPE/MODEL
AUX LOWERING OPERATION Choose an item.	

L. Freight Elevators Information - (Only if applicable)	
FREIGHT ELEVATOR CLASS Choose an item.	MATERIAL HOIST Choose an item.

M. Escalator/Moving Walk Information - (Only if applicable)	
RISE	STEP WIDTH
TYPE OF BALUSTRADE Choose an item.	OPEN WELL-WAY Choose an item.
ESCALATOR CONTROLLER TYPE	MODEL

N. Emergency Power and FEO Information	
EMERGENCY POWER PROVIDED Choose an item.	EMERGENCY RESCUE OPERATION Choose an item.
FEO MAIN RECAL FLOOR LEVEL	ALTERNATIVE RECAL FLOOR LEVEL