JOE LOMBARDO
Governor

DR. KRISTOPHER SANCHEZ
Director

ADAM TETI
Administrator

PAUL MEFFORD
Chief Administrative Officer

DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INDUSTRIAL RELATIONS
MECHANICAL COMPLIANCE SECTION

APPLICATION FOR PERMIT TO INSTALL, REINSTALL OR ALTER AN ELEVATOR OR RELATED EQUPMENT
PERMIT APPLICATION WITH ALL REQUIRED PROVISIONS MUST BE EMAILED TO: mcs@dir.nv.gov
A CONTRACTOR MUST RECEIVE A PERMIT PRIOR TO INSTALLING
OR REINSTALLING AN ELEVATOR OR RELATED EQUIPMENT IN THE STATE OF NEVADA

Applicants must meet the following provisions before a permit to install is issued:

1. The elevator must be constructed to meet the standards of the State of Nevada.
2. Provide with this application copies of the following:
   - ☐ Submittal Drawing in a digital format that allows location of the equipment and clearances as required for the Machine Room, Hoistway, Pit, and Ventilation Air/Area.
   - ☐ Other technical documents and Seismic information / documentation as required.
   - ☐ Nevada Contractors License.

The first operating permit will be invoiced separately upon acceptance of the installation.

ALL ITEMS LISTED BELOW AND ON PAGE 2 OF THIS APPLICATION MUST BE COMPLETED

Owner Name:	**Phone:**
Mailing Address: (Street, City, State, Zip)	
Location Name:	**Phone:**
Installation Site:	**Start Date:**

Are subcontractors to be utilized on this project? (If Yes, include duties and justification in scope of work): ☐ **Yes /** ☐ **No**
Scope of Work: ☐ **(Check here if there is an addendum to original permit application)**

Anticipated Completion Window: (Quantity of Objects & Date)	**First Object(s):**	**Last Object(s):**

State ID: NV	Object Description: * Select from List Below			Manufacturer Name:	Serial Number:	Elevator Size:		
	Type:	Use:	Drive:			No. of Landings	No. of Stops	Capacity (lbs)

SELECT ONE OF EACH TYPE, USE & DRIVE FOR EACH OBJECT AND ENTER IN SPACE PROVIDED ABOVE		
TYPE:		
A. Elevator	I. Manlift	Q. Special Purpose Personnel Hoist
B. LULA	J. Personnel Hoist	R. Pneumatic Vacuum Elevator
C. Vertical Platform Lifts	K. Residential	S. Machine Room-Less (MRL)
D. Incline Stairway Chair Lift	L. Inclined Elevator	X. Vertical Reciprocating Conveyor
E. Sidewalk Elevator	M. Inclined Platform Lift	Y. Other (Please Describe)
F. Spiral Escalator	N. Rooftop Elevator	
G. Escalator	O. Dumbwaiter	
H. Moving Walk	P. Wind Turbine Tower	

USE:		
A. Passenger	C. Passenger/Freight (Service)	E. Physically Disabled
B. Freight	D. Construction/Demolition	F. Occupant Evacuation Operation

DRIVE:		
A. Hydraulic	F. Screw Column	K. Water Drive
B. Overhead Traction	G. Pneumatic Vacuum	L. Cable
C. Bottom Traction	H. Traction Side Winder	M. Chain
D. Roped Hydraulic	I. Winding Drum (Top or Bottom)	X. Other (Please Describe)
E. Rack & Pinion	J. Belt Drive	

Installer:	**NV Contractor License:**	
Subcontractors (if any):	**NV Contractor License:**	
Installer Mailing Address: (Street, City, State, Zip)		
Name of Person Submitting Application:	**Title:**	**Date:**
Phone:	**Email:**	