

Alberta Elevating Devices and Amusement Rides Safety Association

APPLICATION FOR PERMIT OF CONSTRUCTION AND MAJOR ALTERATION

**ELEVATORS, ESCALATORS, DUMBWAITERS, MOVING WALKS, FREIGHT PLATFORM LIFTS
LIFTS FOR PERSONS WITH PHYSICAL DISABILITIES, PERSONNEL HOISTS, MANLIFTS**

PLEASE PRINT ALL INFORMATION

*All sections of this form must be completed (with correct information) to be processed.
(i.e. Initial inspections will not be scheduled if the application is not complete when submitted.)*

AEDARSA Assigned E# _____

<p>1. This application is for a Permit of: Construction _____ Major Alteration _____ (Check beside the type of application) NOTE: Use one application form for each conveyance)</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>FEE</p> <p>See Note 1 Reverse Side for Fee Schedule</p> </div>		
<p>2. Applicant Name: _____ (Address, City, Postal Code)</p> <p style="text-align: right;">Contact Name: _____ Contact #: _____</p> <p style="text-align: right;">Email Address: _____</p>			
<p>3. Site Name _____ (Address, City, Postal Code)</p>			
<p>4. AGENT/OWNER _____ (Address, City, Postal Code)</p> <p style="text-align: right;">Contact Name: _____ Contact #: _____</p> <p style="text-align: right;">Email Address: _____</p>			
<p>5. Building General Contractor: _____ (Address, City, Postal Code)</p>			
<p>6. Class of Fixed Conveyance: _____ <small>(See Note 2 Reverse Side)</small></p>	<p>7. Type of Fixed Conveyance: _____ <small>(See Note 3 Reverse Side)</small></p>		
<p>8a. Floors</p>	<p>8b. Openings</p>	<p>8c. Capacity: _____</p>	<p>KG/LBS</p>
<p>9a. Known As: _____</p>		<p>9b. Location: _____</p>	
<p>10. Emerg. Power: Yes ___ No ___ Firefighters Emerg Op (FEO): Yes ___ No ___ FEO Required by Bldg Enforcing Authority: Yes ___ No ___</p>			
<p>11. Manufactured By (Company Name): _____</p>		<p>Serial Number: _____</p>	
<p>11a. List all professional engineers stamped and endorsed drawings and other documents (see 11b) submitted in support of this application: Submit at least 2 copies of each document. (1 will be retained for our records, the remainder returned to the submitters records)</p> <p style="text-align: right;"><small>Note: Attach Additional Information as Required</small></p>			
<p>11b. List all Certificates of Conformance issued by an ACEO/s in support of compliance using ASME-A17.7/CSA B44.7 as permitted by ASME 17.1/CSA B44 Section 1.2 Clause 1.2.1(b) or (c). Note: Conditions may be placed on the Certificates of Compliance by AEDARSA to ensure that field changes do not compromise the original design criteria and Certificate of Conformance.</p> <p style="text-align: right;"><small>Note: Attach Additional Information as Required</small></p>			
<p>12. Major Alteration: Describe the scope of the proposed alteration. Drawings and specifications submitted for major alteration may be limited to the scope of the alteration.</p> <p style="text-align: right;"><small>Note: Attach Additional Information as Required</small></p>			
<p>13. Indicate if this is a resubmission: YES _____ NO _____ If the equipment or its arrangement is changed after plans have been registered revised plans covering the changes must be resubmitted for acceptance.</p> <p style="text-align: right;"><small>Note: Attach Additional Information as Required</small></p>			
<p>14. Is the submission based on a previously issued Provincial Variance?: YES _____ NO _____ If YES what is the AMA Variance Number _____ Note: By signifying YES you are indicating the submission is designed in full compliance with the original granted variance and there are no design changes to that variance.</p>			
<p>15. ALBERTA PROFESSIONAL ENGINEER'S STATEMENT</p> <p>The code used for design, manufacture and installation of the fixed conveyance in this application is CSA Standard: _____ (See Note 4 on Reverse Side)</p> <p>This is to certify that the elevating device or major alteration to the elevating device in this application complies with the above referenced code.</p> <p>Signature: _____</p>		<p>16. ALBERTA PROFESSIONAL ENGINEER'S SEAL</p>	
<p>APPLICANT: FOR ADDITIONAL INFORMATION REGARDING FEES AND MAILING ADDRESS PLEASE REFER TO THE REVERSE SIDE OF THIS DOCUMENT</p>			
<p>APPLICANT'S SIGNATURE _____</p>		<p>PRINT NAME _____ DATE _____</p>	
<p>DEPARTMENT USE ONLY</p>			
<p>Permit issued: Yes _____ No _____ Variance granted: Yes _____ No _____ Conditions attached: Yes _____ No _____</p>			
<p>Application reviewed by _____</p>		<p>Date: _____</p>	
<p>SCO # _____</p>			
<p><small>The information collected on this form is subject to the access and privacy provisions of the Freedom of Information and Protection of Privacy (FOIP) Act.</small></p>			

FOR YOUR INFORMATION

Note 1: The fee schedule for Permits of Construction or Major Alteration is as follows:

TYPE OF DEVICE	FEE	GST	TOTAL FEE
a) passenger elevator, freight elevator or personnel hoist			
i) that serves 10 floors or fewer	\$200.00	\$10.00	\$210.00
ii) that serves more than 10 floors	\$400.00	\$20.00	\$420.00
b) freight platform lift	\$150.00	\$7.50	\$157.50
c) dumbwaiter	\$100.00	\$5.00	\$105.00
d) escalator	\$200.00	\$10.00	\$210.00
e) speedwalk or speedramp	\$200.00	\$10.00	\$210.00
f) manlift	\$200.00	\$10.00	\$210.00
g) inclined passenger lift	\$200.00	\$10.00	\$210.00
h) lifts for persons with physical disabilities	\$50.00	\$2.50	\$52.50

Note: The fee for a permit of alteration with respect to a fixed conveyance is 50% of the fee set out for the applicable permit of construction.

Note 2: Class of Fixed Conveyance(s)	Note 3: Type of Fixed Conveyance(s)
Passenger	1. Traction/ Traction LULA/ Traction MRL 2. Hydraulic/ Hydraulic LULA/ Roped Hydraulic 3. Drum
Freight	1. Traction/ Traction LULA/ Traction MRL 2. Hydraulic/ Hydraulic LULA/ Roped Hydraulic 3. Drum
Freight Platform	1. Type A 2. Type B
Personnel Hoist Dumbwaiter, Escalator, Speedwalk or Speedramp	N/A
Manlift	1. Power Type 2. Belt Lift
Lifts for Persons with Physical Disabilities	1. Vertical enclosed 2. Vertical unenclosed 3. Stair Platform 4. Stair Chair

Note 4: Adopted Codes in Alberta are CSA Standards:

- (a) ASME A17.1-2013/CSA B44-13 Safety Code for Elevators, Escalators
- (b) CAN/CSA-B355-09 Lifts for Persons with Physical Disabilities
- (c) CSA/B311-02 (R2012) Safety Codes for Manlifts
- (d) CAN/CSA-Z185-M87 (R2011) Safety Code for Personnel Hoists

Note 5: Mailing Information:

EDMONTON
104, 8616 - 51 Ave
Edmonton, Alberta
T6E E6E

AEDARSA

CALGARY
145, 340 Midpark Way SE
Calgary, Alberta
T2X 1P1

Note 6: Make fees payable to:

AEDARSA - ALBERTA ELEVATING DEVICES and AMUSEMENT RIDES SAFETY ASSOCIATION