

# 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#**

|   |  |  |
|---|--|--|
| 1. This application is for a Permit of: Construction _____ Major Alteration _____<br>(Check beside the type of application) NOTE: Use one application form for each conveyance)   |  | FEE<br><br>See Note 1 Reverse Side for Fee Schedule  |
| 2. <b>Applicant Name:</b><br>(Address, City, Postal Code) _____<br><br><b>Contact Name:</b> _____ <b>Contact #:</b> _____<br><br><b>Email Address:</b> _____  |  |  |
| 3. <b>Site Name</b><br>(Address, City, Postal Code) _____<br><br>_____  |  |  |
| 4. <b>AGENT/OWNER</b><br>(Address, City, Postal Code) _____<br><br><b>Contact Name:</b> _____ <b>Contact #:</b> _____<br><br><b>Email Address:</b> _____  |  |  |
| 5. <b>Building General Contractor:</b><br>(Address, City, Postal Code) _____<br><br>_____   |  |  |
| 6. Class of Fixed Conveyance:<br><br><small>(See Note 2 Reverse Side)</small>   | 7. Type of Fixed Conveyance:<br><br><small>(See Note 3 Reverse Side)</small> |  |
| <b>8a. Floors</b>   | <b>8b. Openings</b>  | <b>8c. Capacity:</b> _____ <b>KG/LBS</b>   |
| <b>9a. Known As:</b>  | <b>9b. Location:</b>   |  |
| 10. <b>Emerg. Power:</b> Yes ___ No ___ <b>Firefighters Emerg Op (FEO):</b> Yes ___ No ___ <b>FEO Required by Bldg Enforcing Authority:</b> Yes ___ No ___  |  |  |
| 11. <b>Manufactured By (Company Name):</b> _____  |  | <b>Serial Number:</b> _____  |
| 11a. List all professional engineers stamped and endorsed drawings and other documents ( <b>see 11b</b> ) submitted in support of this application:<br><b>Submit at least 2 copies of each document.</b> (1 will be retained for our records, the remainder returned to the submitters records)<br><br><small>Note: Attach Additional Information as Required</small>   |  |  |
| 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.<br><br><small>Note: Attach Additional Information as Required</small> |  |  |
| 12. <b>Major Alteration:</b> Describe the scope of the proposed alteration. Drawings and specifications submitted for major alteration may be limited to the scope of the alteration.<br><br><small>Note: Attach Additional Information as Required</small>   |  |  |
| 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.<br><small>Note: Attach Additional Information as Required</small> |
| 14. <b>Is the submission based on a previously issued Provincial Variance?:</b> YES _____ NO _____<br><b>If YES what is the AMA Variance Number</b> _____ <b>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.</b>  |  |  |
| 15. ALBERTA PROFESSIONAL ENGINEER'S STATEMENT<br><br>The code used for design, manufacture and installation of the fixed conveyance in this application is ASME/ CSA Standard:<br><br>_____<br><small>(See Note 4 on Reverse Side)</small><br><br><b>This is to certify that the elevating device or major alteration to the elevating device in this application complies with the above referenced code.</b><br><br>Signature: _____                | 16. ALBERTA PROFESSIONAL ENGINEER'S SEAL                                     |  |
| APPLICANT: FOR ADDITIONAL INFORMATION REGARDING FEES AND MAILING ADDRESS PLEASE REFER TO THE REVERSE SIDE OF THIS DOCUMENT  |  |  |
| APPLICANT'S SIGNATURE _____   |  | PRINT NAME _____ DATE _____  |
| <b>DEPARTMENT USE ONLY</b>  |  |  |
| Permit issued: Yes _____ No _____ Variance granted: Yes _____ No _____  |  | Conditions attached: Yes _____ No _____  |
| Application reviewed by _____   |  | Date: _____  |
| SCO # _____   |  |  |
| <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>   |  |  |