Alberta Elevating Devices & Amusement Rides Safety Association

Application for Permit of Construction or Major Alteration

Elevators, Escalators, Moving Walks, Material Lifts, Dumbwaiters, Personnel Hoists, Manlifts, Platform Lifts and Stair Lifts for Barrier-free Access

Applicant: For additional information regarding fees and mailing address, please refer to: aedarsa.com

Please Print All Information

All sections of this form must be fully completed with accurate information. Incomplete applications will not be processed, and inspections will not be scheduled.

AEDARSA assigned **E#**

1 **This application is for a Permit of:** ☐ Construction ☐ Alteration
Note: Use one application for each Elevating Device

2 List the E-Number of an existing device that is being relocated, or if this application is being used to replace dormant or destroyed devices.
E#: _____

FEE
See aedarsa.com for Fee Schedule
Application fee must be paid prior to booking the inspection.

3 **Applicant Name:** (Name, Mailing Address, Phone Number, Email Address)
Contact Name: _____ Company Name: _____
Mailing Address: _____
Email Address: _____ Phone Number: _____

4 **Site Name:** (Building Name, Address, City, Postal Code)
Building Name: _____
Building Address: _____
City: _____ Building Postal Code: _____

5 **Agent/Owner:** (Name, Mailing Address, Phone Number, Email Address)
Contact Name: _____ Company Name: _____
Mailing Address: _____
Email Address: _____ Phone Number: _____

6 **Building General Contractor:** (Name, Mailing Address, Phone Number, Email Address)
Contact Name: _____ Company Name: _____
Mailing Address: _____
Email Address: _____ Phone Number: _____

7 **Class of Elevating Device:** _____
See Note 1 on Page 2

8 **Type of Elevating Device:** _____
See Note 2 on Page 2

9 **# of Floors:** _____

10 **# of Openings:** _____

11 **Capacity Kg/LBS:** _____

12 **Elevating Device Known-as Identification:**

13 **Elevating Device Location:**

14 **Emergency Power Operation** (not auxiliary lowering): Yes ☐ No ☐

Firefighters Emergency Operation: Yes ☐ No ☐

15 **New Controller Manufacturer:** _____ **Controller Model:** _____ **Serial #:** _____

B44 Devices Only: Type of Motion Control: _____ **Type of Operation Control:** _____

16 **New Machine Manufacturer:** _____ **Machine Model:** _____ **Serial #:** _____

17 **List all authenticated drawings and supporting documentation submitted by registered engineering professionals in support of this application:**
Note: Attach Additional Information as Required

18 **List all Certificates of Conformance issued by an AECO in support of compliance using ASME A17.7/CSA B44.7 as permitted by ASME A17.1/CSA B44 Section 1.2 Clause 1.2.1(b) or (c). Note: Outdated Certificates will be rejected.**
Note: Attach Additional Information as Required

19 **Alterations:** Provide a clear description of the scope of the proposed alteration. B44 Device Alteration Applications must list all applicable clauses of section 8.7. Submitted drawings and specifications are permitted to be limited to the extent of the proposed alteration. Changes observed during the inspection that are not included in the Scope of Work will require resubmission and may result in termination of the inspection.
Note: Attach Additional Information as Required

20 **Alterations (B44 Devices Only):**
Existing Motion Control Type: _____ **Existing Operation Control Type:** _____ **Existing FEO or SES:** Yes ☐ No ☐

21 **Indicate if this is a resubmission:** Yes ☐ No ☐
If plans are revised after registration, you are required to resubmit the updated plans and provide a clear, itemized list of all changes. All changes must be explicitly identified on the drawings or in a separate summary to ensure compliance verification and prevent delays in approval.
Note: Attach Additional Information as Required

22 **Variance Information:** Is a variance being applied to this application? Yes ☐ No ☐
All variance requests must be submitted with this application. (Refer to the Variance Request and Information Forms available at www.aedarsa.com)
Note: Attach Additional Information as Required

23 **Applicable Code Information**
Identify the Code used for New Construction or Alterations in this application:

_____

For Alterations, identify the code used at the time of the initial installation:

_____

24 **Alberta Registered Engineering Professional Authentication and Permit to Practice.**
"I certify that the proposed Scope of Work and the accompanying drawings identify the applicable safety code requirements and demonstrate compliance with all relevant provisions of the Safety Codes Act and the adopted codes and standards. I further certify that all affected systems are designed to be safe for all intended modes of operation."

25 **Applicant's Signature:**

Department Use Only

Certificate issued: Yes ☐ No ☐ **Variance granted:** Yes ☐ No ☐ **Conditions attached:** Yes ☐ No ☐

Application reviewed by: _____ **SCO#:** _____ **Date:** _____

The information collected on this form is subject to the access and privacy provisions of the Access to Information Act (ATIA) and the Protection of Privacy Act (POPA).

Additional Information

Note 1: Class of Elevating Device	Note 2: Type of Elevating Device
Passenger Elevator	1) Electric/ Electric LULA/ Electric MRL 2) Hydraulic/ Hydraulic LULA/ Hydraulic MRL/ Roped Hydraulic 3) Winding Drum
Freight Elevator i) Class A Loading ii) Class B Loading iii) Class C1 Loading iv) Class C2 Loading v) Class C3 Loading	1) Electric/ Electric MRL 2) Hydraulic/ Hydraulic MRL/ Roped Hydraulic 3) Winding Drum
Material Lift (Freight Platform Lifts)	1) Type A 2) Type B
Dumbwaiter, Inclined Lift, Escalator, Moving Walk, Personnel Hoist	N/A
Platform Lifts and Stair Lifts for Barrier-free Access	1) Vertical Enclosed 2) Vertical Unenclosed 3) Stair Platform 4) Stair Chair
Manlift	1) Power Type 2) Endless Belt Type

Note 3: Codes adopted in Alberta. See aedarsa.com for the current adopted edition.

a) ASME A17.1/CSA B44 Safety Codes for Elevators and Escalators
b) CSA B355 Platform Lifts and Stair Lifts for Barrier-free Access
c) CSA B311 Safety Code for Manlifts
d) CSA Z185 Safety Code for Personnel Hoists

Note 4: Make fees payable to:

AEDARSA (Alberta Elevating Devices and Amusement Rides Safety Association)

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