

**Nevada Department of Business and Industry
Division of Industrial Relations
MECHANICAL COMPLIANCE SECTION**

**APPLICATION FOR PERMIT TO INSTALL, REINSTALL OR ALTER AN ELEVATOR OR
RELATED EQUIPMENT**

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 (Layout or sketch) that shows location of the equipment and clearances (as required) for the Machine Room, Hoist way, Pit, and Ventilation Air/Area
 - Nevada Contractor License
 - Alterations** must have scope of work along with related code reference submitted with the application.

The installer will be invoiced for the permit to install once the application is approved. We will no longer accept cash as a form of payment. Acceptable forms of payment are check, cashier's check or money order. 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	
<hr/>		
Mailing Address (Street, City, State, Zip)		
<hr/>		
Location Name	Phone	
<hr/>		
Installation Site		
<hr/>		
Installation Date		
<hr/>		
Cab Interior and/or flooring to be completed by others?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
<hr/>		
Is this object replacing an existing object?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
<hr/>		
State ID number of object(s) being altered/replaced:		
<hr/>		
Installer Name	NV Contractor License	
<hr/>		
Mailing Address (Street, City, State, Zip)		
<hr/>		
Name	Title	
<hr/>		
Phone	Fax	Date
<hr/>		
Email:		
<hr/>		

OBJECT DESCRIPTION *Select from List below			Manufacturer Name	Serial No.	Elevator Size		
Type	Use	Drive			No. of Landings	No. of Stops	Lbs. Capacity

SELECT ONE OF EACH TYPE, USE AND DRIVE FOR EACH OBJECT AND ENTER IN SPACE PROVIDED ABOVE

TYPE

- A. Elevator
- B. LULA
- C. Vertical Platform Lifts
- D. Incline Stairway Chair Lift
- E. Sidewalk Elevator
- F. Spiral Escalator
- G. Escalator
- H. Moving Walk
- I. Manlift
- J. Personnel Hoist
- K. Residential

- L. Inclined Elevator
- M. Inclined Platform Lift
- N. Rooftop Elevator
- O. Dumbwaiter
- P. Wind Turbine Tower
- Q. Special Purpose Personnel Hoists
- R. Pneumatic Vacuum Elevator
- S. Machine Roomless (MRL)
- T. Material Lift

USE

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

Drive

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

Email, Mail or Fax this application to:

DBI/DIR/Mechanical Compliance Section
 1301 N. Green Valley Pkwy, Ste #160
 Henderson, NV 89074
 Phone: (702) 486-9054
 Fax: (702) 486-9176
 Email: MCS.Henderson@business.nv.gov

or

DBI/DIR/Mechanical Compliance Section
 4600 Kietzke Lane, Bldg. F-151
 Reno, NV 89502
 Phone: (775) 688-3750
 Fax: (775) 688-1664
 Email: MCS.Reno@business.nv.gov

Download Application Form:
<http://dir.nv.gov/MCS/Forms/Home/>