JOE LOMBARDO Governor



DR. KRISTOPHER SANCHEZ

Director

VICTORIA CARREÓN

Administrator

BRENNAN PATERSON Chief Administrative Officer

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 as required.
 - ☐ Nevada Contractors License.

The installing contractor will be invoiced for the permit to install once the application is approved. 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 APPLICAT	ION 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 p Scope of Work: (cation in scope of work):
Anticipated Completion Window: (Quantity of Objects & Date)	First Object(s):	Last Object(s):

Reno: 4600 Kietzke Ln, Suite F-151, Reno, NV 89502 - Telephone (775) 688-3750

Las Vegas: 3360 W. Sahara Avenue, Suite 170 Las Vegas, Nevada 89102 - Telephone (702) 486-9054 https://dir.nv.gov/

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Type:		elow	Name:	Serial Number:	Elevator Size:		
-	Use:	Drive:	- Tume:		No. of Landings	No. of Stops	Capacity (lbs)
							<u> </u>
1							•

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:		

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