



City of Phoenix

PLANNING AND DEVELOPMENT DEPARTMENT

Existing Conveyance Permit Submittal Application

Date: _____

Project Name: _____

Project Address: _____

Bldg. #: _____ City Serial ID# _____

Project Valuation: \$ _____

Description of Work: _____

Number of Landings: _____

Equipment

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Repair | <input type="checkbox"/> Passenger Elevator | <input type="checkbox"/> Traction | <input type="checkbox"/> Chain and Sprocket |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Freight Elevator | <input type="checkbox"/> Hydraulic | |
| <input type="checkbox"/> Decommission | <input type="checkbox"/> Escalator | <input type="checkbox"/> Roped Hydraulic | |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Moving Walk | <input type="checkbox"/> Rack and Pinion | |
| <input type="checkbox"/> Construction Use | <input type="checkbox"/> Dumbwaiter | <input type="checkbox"/> Screw Column | |
| <input type="checkbox"/> Return to Service | <input type="checkbox"/> Other | <input type="checkbox"/> Drum | |

Owner Information:

Owner/Business Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: _____

Contractor Information:

Business Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: _____

Local Business (Phoenix PLT) #: _____

State Tax #: _____ State License Class and Number (ROC): _____

Applicant:

Check One: ☐ Owner ☐ Contractor ☐ Other _____

Email Address: _____ Print Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Company Name: _____ Phone: _____

Additional Email Addresses: _____

For more information or for a copy of this publication in an alternate format, contact Planning & Development at 602-262-7811 voice or TTY use 7-1-1.