Reset

NOVA SCOTIA
Labour, Skills and Immigration

To: Chief Inspector
Elevators and Lifts Inspection Services
103 Garland Ave., 3rd Floor
Dartmouth, NS B3B 0K5

Technical Safety Division

Business Applicant Profile Information:

Business Name:

Legal Entity including Operating Name

Canada Revenue Agency BN #: _____

N.S. Registry of Joint Stock Companies #: _____

Civic Address ***(Not PO Box)*****:**

Street # Street Name Unit/Suite/Apt #

City/Town/County Province Country

Postal Code

Business Mailing Address ***(If Different)*****:**

Street, P.O. Box, RR #, Site # , etc.

City/Town/County Province Country

Postal Code

Contact Information:

Name Primary Phone # Fax #

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Submission of Drawings and Specifications for Registration
Elevators and Lifts Act

NOTE: You must attach a completed Business Applicant Profile Information sheet with this submission!

Under the Elevators and Lifts Act and the regulations the undersigned as

_____
(specify "owner", "registered contractor", "engineer" or as the case may be)

submits herewith in triplicate, for registration under Section 12 of the Act, the drawings and specifications of a

_____
(specify "new installation" or "major alteration")

of a _____ for lifting or lowering _____
(specify type of elevating device) ("passengers" or "freight" or both)

located at

_____
Street or Lot # Street Name

_____
City/Town County

_____
Postal Code

Those premises are at present owned by

_____
Name

_____
Mailing Address (Street, P.O. Box, RR #, Site #, etc.)

_____
City/Town/County Province Country

_____ _____
Postal Code Telephone Number

The drawings and specifications were prepared by

_____
(name/mailing address)

as

_____
(specify "engineer", "registered contractor", or "owner")

Herewith remittance of $ _____ for the fees for the registration of the drawings and specifications.

Dated at _____ this _____ day of _____ 20 __.

Engineer's Stamp and Statement:

(Please Place Nova Scotia Stamp Here)	I certify that the statements made in this submission are correct and that the design and construction of the elevating device conforms to the requirements of the Nova Scotia Elevators and Lifts Act and Regulations and the applicable CSA Safety Standard. CAN/CSA Standard:_____

_____ _____
(name PLEASE PRINT) (official capacity)

_____
(signature of submitter)

Please Note: The submission of an application with payment does not guarantee application approval.

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Completed form, together with the drawings and specifications, a completed business applicant profile information sheet must be sent or delivered to Labour, Skills & Immigration, Elevators & Lifts Inspection Service, 103 Garland Ave., 3rd floor, Dartmouth, NS B3B 0K. Credit card payment can be faxed to 902-428-2299

General Data

Manufacturer _____

Capacity _____ ◉ pounds ○ kilograms ○ persons per hour
(please indicate that which applies)

Speed _____ ○ feet per minute ○ metres per second
(please indicate that which applies)

Travel _____ ○ feet ○ metres ○ inches ○ millimetres
(please indicate that which applies)

Maximum Persons _____

Type of Service _____

Type of Control _____

Machine Location _____

Type of Machine _____

Roping _____

Drum or Sheave Diameter _____

Motor Size _____ HP _____ Volts _____ Phase _____ Cycles

Main Line Disconnect Switch Amps _____ with _____ Amp. Fuses

Governor Tripping Speed _____ ○ feet per minute ○ metres per second
(please indicate that which applies)

Reverse Phase Relay _____ Firefighters' Elevators _____

Emergency Power _____

Emergency Brake _____

Car Data

Clear Width _____

Clear Depth _____

Clear Height _____

Type of Entrance Protection _____

No. of Entrances _____

Width of Entrances _____

Height of Entrances _____

Size of Escape Hatch _____ Location _____

Length of Platform Guard (Apron) _____

Type of Safeties _____

Hoistway Data

Type of Enclosure _____

No. of Entrances _____

Type of Entrance Protection _____

Width of Entrance _____

Height of Entrance _____

Height of Doors or Gates _____

Doors or Gates Operated By _____

Door or Gate Lock Type _____

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Hoistway Data (continued)

Normal Terminal Stopping Devices _____

Final Terminal Stopping Devices _____

Stop Motion Switch _____

Car Clearance Top _____

Car Clearance Bottom _____

Counterweight Clearance Top _____

Counterweight Clearance Bottom _____

Type of Buffers _____ Buffers Stroke _____

Pit Depth _____

Access to Pit by _____

Passage under Hoistway _____

Hoistway Ventilation _____

Access to Governor by _____

Rope Data

Car (No. and Size) _____ Classification _____

Breaking Strength _____

Governor (Size) _____ Classification _____

Breaking Strength _____

Compensation (No. and Size) _____ Classification _____

Hydraulic Data

Plunger: O.D. _____ I.D. _____ Wall Thickness _____

Cylinder: O.D. _____ I.D. _____ Wall Thickness _____

Head Thickness: Plunger _____ Cylinder _____

Length: Plunger _____ Cylinder _____

Working Pressure _____

Relief Value Pressure _____

Pressure Gauge Fitting _____

Top Car Runby _____

Bottom Car Runby _____

Miscellaneous Data

Size of Car Guide Rails _____

Size of counterweight Guide Rails _____

Levelling or Inching _____

Class of Loading _____

Weight of Car _____

Weight of Counterweight _____

Weight of Machine _____

Weight of Deflection Sheave _____

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Steel Data

Crosshead: Size _____ Type _____ Length _____ Wt. Per Ft. _____

Plank: Size _____ Type _____ Length _____Wt. Per Ft. _____

Styles: Size _____ Type _____Length _____ Wt. Per Ft. _____

Platform Frame: Size _____ Type _____Length _____ Wt. Per Ft. _____

Overhead Beams: Size _____ Type _____Length _____ Wt. Per Ft. _____

General Remarks

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

For Departmental Use Only

Type of Elevating Device _____

Installation No. _____

- ○ Federally Owned
- ○ Hydraulic
- ○ Traction

Registered this _____day of _____20 _____.

By _____
(signature of Chief Inspector)

Drawings returned to _____ Date _____

Drawings filed _____

Notes

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____