



VERMONT DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY
 Office of the State Fire Marshal, State Fire Academy and State Haz-Mat Team

Conveyance Work Permit

Return this completed form and payment to the appropriate Regional Office

Department Use Only Site	
Site No.	_____
Permit #	_____
Date Paid	_____
Check#	_____
Amount	_____

Barre Regional Office
 1311 US RTE 302, Suite 500
 Barre, VT 05641
 Phone: (802) 479-4434
 Fax: (802) 479-4446

Rutland Regional Office
 56 Howe Street, Building A, Ste 200
 Rutland, VT 05701
 Phone: (802) 786-5867
 Fax: (802) 786-5872

Springfield Regional Office
 100 Mineral Street, Suite 307
 Springfield, VT 05156-3168
 Phone: (802) 885-8883
 Fax: (802) 885-8885

Williston Regional Office
 372 Hurricane Lane, Suite 102
 Williston, VT 05496
 Phone: (802) 879-2300
 Fax: (802) 879-2312

Name of Building: _____
 State Building Site #, If Known: _____
 Physical Address: _____
 Town: _____
 Building Owner Name: _____
 Address: _____
 City/State/Zip Code: _____
 Job Start Date: _____ Project Finish Date: _____

Contractor Name and Mailing Address: _____

Telephone #: _____ - _____ - _____ Office Job Site

**BRIEF DESCRIPTION OF
 WORK TO BE PERFORMED**

Any new construction or major alteration requires the submission of a complete set of specifications and dimensional plans.

TOTAL	\$25.00
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Elevator Lift Mechanics License # : _____ License Expiration Date: _____

Signature: _____ Date: _____

This Work Permit must be kept at the Construction Site at all times while work in progress.