



**VERMONT DEPARTMENT OF PUBLIC SAFETY**  
**DIVISION OF FIRE SAFETY**  
 Office of the State Fire Marshal, State Fire Academy and State HAZMAT Team  
 firesafety.vermont.gov

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

## Conveyance Work Permit

Return this completed form and payment to the appropriate Regional Office

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> <b>Barre Regional Office</b><br>1311 US RTE 302, Suite 500<br>Barre, VT 05641<br>Phone: (802) 479-4434<br>Fax: (802) 479-4446 | <input type="checkbox"/> <b>Rutland Regional Office</b><br>56 Howe Street, Building A, Suite 200<br>Rutland, VT 05701<br>Phone: (802) 786-5867<br>Fax: (802) 786-5872 | <input type="checkbox"/> <b>Springfield Regional Office</b><br>100 Mineral Street, Suite 307<br>Springfield, VT 05156-3168<br>Phone: (802) 885-8883<br>Fax: (802) 885-8885 | <input type="checkbox"/> <b>Williston Regional Office</b><br>380 Hurricane Lane, Suite 101<br>Williston, VT 05496<br>Phone: (802) 879-2300<br>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: \_\_\_\_\_

New VTEL # \_\_\_\_\_  Existing VTEL# \_\_\_\_\_

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**

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.***