



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"/> Waterbury Regional Office
45 State Drive
Waterbury, VT 05671-8200
Phone: (802) 479-4434
Fax: (802) 479-4446 | <input type="checkbox"/> Rutland Regional Office
56 Howe Street, Building A, Suite 200
Rutland, VT 05701
Phone: (802) 786-5867
Fax: (802) 786-5872 | <input type="checkbox"/> Springfield Regional Office
100 Mineral Street, Suite 307
Springfield, VT 05156-3168
Phone: (802) 216-0500
Fax: (802) 885-8885 | <input type="checkbox"/> Williston Regional Office
380 Hurricane Lane, Suite 101
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: _____

New VTEL # _____ Existing VTEL# _____

Contractor Name and Mailing Address: _____

Contractor Email 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.