

**TOWER/FIXED CRANE LICENCE APPLICATION**

**WANDSWORTH COUNCIL**

**Application Information (Client)**

Name (Firm): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

24- Hour Emergency Contact:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**TOWER/FIXED CRANE LICENCE APPLICATION**

**WANDSWORTH COUNCIL**

**Crane Operator Information**

Name (Firm): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

24-Hour Emergency Contact:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**TOWER/ FIXED CRANE LICENCE APPLICATION**

**Please submit drawings (plan view) at an appropriate scale detailing the extent of the swept path the crane arm or jib will undergo in oversailing the highway.**

**Tower/ Fixed Crane Details:**

Crane / Model Make \_\_\_\_\_ Weight (Tonnes): \_\_\_\_\_

Dimensions: (L) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_ Capacity (Tonnes): \_\_\_\_\_

**Details of Principal Contractor’s Public Liability Insurance Cover:**

Insurer: \_\_\_\_\_

Policy Cover: \_\_\_\_\_

Cover (£) \_\_\_\_\_

*Please include copies of insurance Certificate(s):*

*Please Note: The applicant must provide evidence proving they hold a minimum level of Public Liability Insurance cover not less than £5 million for any one claim.*

**METHOD STATEMENT AND RISK ASSESSMENT**

Copies of the completed method statements and risk assessments relating to the placing, erection, loads to be lifted, and the operation and dismantling of the crane must be included.

Please list enclosed information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FEES:**

**A NON REFUNDABLE fee is payable in the first month or any part of the month is payable to cover the costs incurred by Wandsworth Council in undertaking pre and post site inspections as well as administration and enforcement costs where applicable in accordance with the Highways Act 1980. A fee is payable in each subsequent month or any part the month for a maximum period of 12 months. Where further crane operations are required beyond the maximum 12 month period or where crane operational details change, then a new application must be submitted.**

Visit [www.wandsworth.gov.uk/fixedcrane](http://www.wandsworth.gov.uk/fixedcrane) licence details of our fees and how to pay

**Operation Details**

*Please note: You are permitted an unlimited number of operations per licence over a 12 month period. Where additional operations are required beyond the 12 month period or where operational details change, then further applications must be submitted.*

Address where the crane is to be sited: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for operation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For periods of continuous use spanning a number of months you need only provide the start and finish dates.**

**First month operation date:**

Start Date: \_\_\_\_\_ End Date \_\_\_\_\_ Operation times: \_\_\_\_\_ to \_\_\_\_\_

**Second month operation date:**

Start Date: \_\_\_\_\_ End Date \_\_\_\_\_ Operation times: \_\_\_\_\_ to \_\_\_\_\_

**Third month operation date:**

Start Date: \_\_\_\_\_ End Date \_\_\_\_\_ Operation times: \_\_\_\_\_ to \_\_\_\_\_

**Forth month operation date:**

Start Date: \_\_\_\_\_ End Date \_\_\_\_\_ Operation times: \_\_\_\_\_ to \_\_\_\_\_

**Sixth month operation date:**

Start Date: \_\_\_\_\_ End Date \_\_\_\_\_ Operation times: \_\_\_\_\_ to \_\_\_\_\_

**Seventh month operation date:**

Start Date: \_\_\_\_\_ End Date \_\_\_\_\_ Operation times: \_\_\_\_\_ to \_\_\_\_\_

**Eighth month operation date:**

Start Date: \_\_\_\_\_ End Date \_\_\_\_\_ Operation times: \_\_\_\_\_ to \_\_\_\_\_

**Ninth month operation date:**

Start Date: \_\_\_\_\_ End Date \_\_\_\_\_ Operation times: \_\_\_\_\_ to \_\_\_\_\_

**Tenth month operation date:**

Start Date: \_\_\_\_\_ End Date \_\_\_\_\_ Operation times: \_\_\_\_\_ to \_\_\_\_\_

**Eleventh month operation date:**

Start Date: \_\_\_\_\_ End Date \_\_\_\_\_ Operation times: \_\_\_\_\_ to \_\_\_\_\_

**Twelfth month operation date:**

Start Date: \_\_\_\_\_ End Date \_\_\_\_\_ Operation times: \_\_\_\_\_ to \_\_\_\_\_

**Please Note:** The standard permitted hours of operation for the crane are 8.00am to 6.00am Monday to Friday. Saturday 8.00am to 1.00pm. These times may vary depending upon location required. If you wish to work outside these hours you should also contact this Council's Environmental Health Team and provide written evidence of their agreement.

**DOCUMENT CHECK LIST:**

- Copy of Public Indemnity Insurance ( )
- Jib Oversail drawings ( )
- Method Statement and Risk Assessment ( )
- Settlement of the fee ( )
- Application form completed and signed ( )

**Confirmation** (You must complete this)

**Please read this carefully before signing:** Conditions are changed from time to time and may be the same as the last time you completed one of these forms.

I hereby confirm that I have read the Council's standard licence conditions and confirm acceptance of the same and agree that the details given above are correct

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Please complete and return to: -

Wandsworth Council  
Housing and Community Services Department  
Unit 1 First Floor Tadmore House  
Frogmore Depot  
25 Frogmore  
London  
SW18 1EY