



## Cranes (Off-Airport)

Permit Number:						l
General Details						
Applicant						
Location of work:						
Start on Date			Finish on Date			
Permit details						
Crane/Equipment and Operation	al Details					
Crane/Equipment Registration N	umber					
Crane/Equipment Hire Company	(as liveried					
Type of Crane/Equipment (e.g. T	ower, Mobil	e etc)				
Ground Height and crane working	g height in N	√ Above I	Mean sea	level AMS	L	
Maximum height that the Crane/lin M Above Ground Level AGL	Equipment	will be wo	rking to			
OS Grid reference of Crane/Equi	pment					
Radius of Operation (of fixed Cra	ne/Equipme	ent				
Project name/reference number						
Time of crane operation (incisive	)					
Contact name and phone						
number on site						
Obstacle light						
Other requirements						
NOTAM	1					

Additional comments	
Signatories	
Approved By Name	
	Vicki Duggan
Signature	
Date approved	