**AUTHORISATION PERMIT FOR CRANES AND OTHER TALL CONSTRUCTION EQUIPMENT**

**CRANE PERMIT NUMBER** **Click or tap here to enter text.**

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| **CRANE DETAILS: TO BE COMPLETED BY APPLICANT. PLEASE COMPLETE ALL LINES** | | | |
| Crane / Equipment Registration Number | | Click or tap here to enter text. | |
| Hire Company | | Click or tap here to enter text. | |
| Type of Crane or Equipment (e.g. mobile/fixed/tower) | | Click or tap here to enter text. | |
| Maximum Operational Working Height of Jib Above Ground Level (m) | | Click or tap here to enter text. | |
| Radius of Crane | | Click or tap here to enter text. | |
| Location of Crane or Equipment (latitude and longitude) | | Click or tap here to enter text. | |
| Location of Crane or Equipment (What3Words format) | | Click or tap here to enter text. | |
| Elevation of Site (Above Ordnance Datum, i.e. mean sea level) | | Click or tap here to enter text. | |
| Full Site Address (including postcode) | | Click or tap here to enter text. | |
| Crane Operator/Lifting Supervisor Contact Name | | Click or tap here to enter text. | |
| Crane Operator/Lifting Supervisor Contact Phone Number | | Click or tap here to enter text. | |
| Date(s) of Operation (inclusive) | | Click or tap here to enter text. | |
| Times of Operation (inclusive) | | Click or tap here to enter text. | |
| *I certify that the information given is accurate and will immediately inform Cambridge City Airport Operations of any changes to the above information. I understand that if any part of the construction equipment infringes the airport’s Obstacle Limitation Surfaces (OLS) and/or Instrument Flight Procedures (IFP’s) that there may be additional charges to cover the cost of an impact study and mitigation report.* | | | |
| Applicant’s Name | Click or tap here to enter text. | Contact Phone Number | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. | Company | Click or tap here to enter text. |

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| **INVOICING DETAILS: TO BE COMPLETED BY APPLICANT** | | |
| Company Name | | Click or tap here to enter text. |
| Invoicing Address | | Click or tap here to enter text. |
| Company Registration Number | | Click or tap here to enter text. |
| VAT Number | | Click or tap here to enter text. |
| Contact Name | | Click or tap here to enter text. |
| Contact Phone Number | | Click or tap here to enter text. |
| Email Address | | Click or tap here to enter text. |
| Type of Permit  *All prices ex VAT* |  | Standard Crane Permit (min. 5 working days notice - £380 |
|  | – Permit Extension - £220 |
|  | Instrument Flight Procedure assessment - POA |
|  | Collision Risk Management assessment - POA |
| Permits requiring further assessment by our Approved Design Organisation for IFP and CRM will incur additional costs, which will be Provided on Application (as above). | | |

**Email completed form to:** [**airport.safeguarding@cambridgeairport.com**](mailto:airport.safeguarding@cambridgeairport.com)

Cambridge City Airport will endeavour to assess all applications as soon as possible; however it is recommended that applicant’s apply at least three weeks prior to the planned start date. This Permit is only valid once Section 2 has been completed and signed by Cambridge City Airport Operations. Any questions regarding the operations of cranes/tall equipment on or close to Cambridge City Airport, and the completion of this form should be addressed to the Airport Duty Manager on 01223 373535.

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| **CONDITIONS PLACED ON OPERATION: TO BE COMPLETED BY AIRPORT OPERATIONS** | |
| Minimum 32 candela steady red obstacle light(s)  (Low-intensity Type B (less than 45m AGL) | YES  NO |
| 2000 candela steady red obstacle light(s)  (Medium-intensity Type B or C (45 - 150m AGL) | YES  NO |
| Airport Operations to be notified before operations commence | YES  NO |
| Crane operation subject to runway Choose an item. being in use? | YES  NO |
| Other conditions placed on operation: |  |
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| **SAFEGUARDING DETAILS: TO BE COMPLETED BY AIRPORT OPERATIONS** | |
| Operation subject to low visibility procedures or cloud ceiling | YES  NO |
| OLS penetration? | YES  NO |
| Applicable OLS | Click or tap here to enter text. |
| IFP Infringement | YES  NO |
| IFP Assessment | Click or tap here to enter text. |
| ATE Consultation | YES  NO |
| ATE Comments | Click or tap here to enter text. |
| ATC Advised | YES  NO |
| NOTAM Required? | YES  NO |
| NOTAM Number (if required) | Click or tap here to enter text. |
| Times of Operation (If different from above) | Click or tap here to enter text. |
| Schedule (If different from above) | Click or tap here to enter text. |
| Max Height AGL m/ft | Click or tap here to enter text. |
| Max Height AMSL m/ft | Click or tap here to enter text. |
| Other notes, safeguarding details and actions required: |  |
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| **AUTHORISED BY** | | | |
| Airport Operations | Click or tap here to enter text. | Date | Click or tap here to enter text. |
| Air Traffic Engineering | Click or tap here to enter text. | Date | Click or tap here to enter text. |