**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**

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. |