



TOWN of GREENBURGH

BUILDING DEPARTMENT

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Fee: **\$100**

APPLICATION # _____

BUILDING PERMIT FOR CRANE OPERATION

You may use this form to apply to operate any type of crane, including scissor lifts, booms, and cherry pickers. Applications to be submitted a minimum of 48 hours (2 working days excluding weekends and public holidays) prior to the proposed work date. Traffic / pedestrian control plans may be required (in accordance with _____) if accesses are affected by the proposed works. Submit copies of: (1) New York State Department of Labor Crane Certificate; (2) Certificate of Liability Insurance; (3) Certificate of New York State Worker's Compensation Insurance

APPLICANT INFORMATION

Name of Applicant: _____ Telephone # _____

Street Address, City and Zip: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Crane Operator : _____ Telephone # _____

N.Y.S. Department of Labor Crane Operator Certificate of Competence #: _____ Expiration: _____

SITE INFORMATION

Location where crane is to be operated: _____

Street closure required? _____ If yes, contact Greenburgh Police Department 682-5300 for authorization

Estimate number of days crane is to be used: _____ Work Dates: _____ Start time: _____ End Time: _____

Type of Crane: Mobile Crane Cherry Picker Concrete Boom Scissor Lift Boom Lift

Vehicle Type: _____

Date of Crane Inspection: _____

I declare that all the information that I have provided is true and correct.

Printed Name

Date

Signature