

CITY OF ENGLEWOOD
APPLICATION FOR CRANE OPERATIONS

Permit Fee \$100 (60 Days), Extension \$50 - Ordinance Number 22-04

Permit #: _____

Address of Project:

Number _____ Street _____ Block _____ Lot _____

Crane Company Information:

Name of Company: _____

Address: _____
City _____ State _____ Zip Code _____

Company Emergency Contact:

Name _____ Cell Phone _____ Email _____

Head Crane Operator Name: _____

Address: _____

Phone Number: _____

Email: _____

Operators License: _____

Attach proof for requirements of ordinance required.

Alternate Operators Information:

Name: _____

Address: _____

Phone Number: _____

Email: _____

Operators License: _____

Type of Crane

| | | |
|---|---|---|
| <input type="checkbox"/> TTL, Swing Cab | <input type="checkbox"/> TSS, Fixed Cab | <input type="checkbox"/> Lattice Boom |
| <input type="checkbox"/> LBT, Telescopic Boom | <input type="checkbox"/> Tower Crane | <input type="checkbox"/> Overhead Crane |

Office Use Only:

Construction Official: _____ Approved
 Denied

CRANE REGULATIONS
General Requirements

1. Copy of crane operator certificate from one of the following organizations:
 - a. National Commission for the Certification of Crane Operators (NCCCO);
 - b. Operating Engineers Certification Program (OECP); or
 - c. Crane Institute of America Certification.
2. New Jersey Crane License.
3. Current Medical Examiner's Card.
4. A copy of the most recent and current proof of inspection for the crane being operated (Crane owner).
5. Insurance required as follows:
 - a. Bodily Injury:
 - i. For any one (1) person in the amount of \$500,000.00;
 - ii. For any occurrence in the amount of \$1,000,000.00;
 - b. Property Damage:
 - i. For any one (1) accident in the amount of \$500,000.00;
 - ii. For any aggregate of occurrences in the amount of 2,000,000.00.
6. Proof that the Crane Operator submits to a random drug testing program.
7. Proof of Completion of Signal Person Qualification or Certification course.