

**TOWN OF WEST NEW YORK  
DEPARTMENT OF PUBLIC AFFAIRS  
CODE ENFORMENT  
428 – 60<sup>TH</sup> STREET  
WEST NEW YORK, NJ 07093  
201-295-5170**

**APPLICATION FOR CRANE PERMIT**

\*MUST BE READ AND FILLED OUT COMPLETELY\*

**Location:**

Owner: \_\_\_\_\_ Agent \_\_\_\_\_

Address \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Phone and Cell Phone Require \_\_\_\_\_

**Crane:**

Owner \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Renter/Agent \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Crane Operator \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

\*A money order for the proper fee of \$100.00 must be made payable to: Town of West New York.\*

**THE FOLLOWING DOCUMENTS MUST BE PROVIDED TO THE CODE ENFORMENT IN ORDER TO BE GRANTED A PERMIT:**

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 (OECF)
  - 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; (Crane owner)
5. Insurance required as follows:
  - a. Bodily Injury: 1- For any one (1) person in the amount of \$500,000.00 2- For any occurrence in the amount of \$1,000,000.00
  - b. Property Damage: 1- For any one (1) accident in the amount of \$500,000.00/2- For any aggregate of occurrences in the amount of 2,000,000.00.
6. Proof that Crane Operator submits to a random drug testing program.
7. Proof of Completion of Signal Person Qualification or Certification course.

**FOR OFFICIAL USE ONLY**

**DATE ISSUED:**

**CHECK NUMBER:**

**RECEIPT NUMBER:**

**CODE ENFORMENT APPROVAL:**

<b>CHECK DOCUMENTS PROVIDED:</b>
<input type="checkbox"/> Copy of crane operator certificate
<input type="checkbox"/> New Jersey Crane License
<input type="checkbox"/> Current Medical Examiner's Card
<input type="checkbox"/> Copy of proof of inspection
Insurance required:
<input type="checkbox"/> Bodily Injury
<input type="checkbox"/> Property Damage
<input type="checkbox"/> Proof of drug testing program
<input type="checkbox"/> Proof of Signal Qualification/Certification