



# Borough of Palisades Park

275 Broad Avenue

Bergen County, N.J. 07650

Building Department

Tel: (201) 585-4108

Fax: (201) 585-4110

## CRANE PERMIT APPLICATION

\*MUST BE FILLED OUT COMPLETELY & SUBMITTED WITH ALL REQUIRED DOCUMENTS\*

Location: \_\_\_\_\_

Block: \_\_\_\_\_

Lot: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Crane Company: \_\_\_\_\_

Crane Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Renter/Agent: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Crane Owner Email: \_\_\_\_\_

Renter/Agent Email: \_\_\_\_\_

\*A money order for the proper fee of \$ 150.00 must be made payable to the Borough of Palisades Park\*

### THE FOLLOWING DOCUMENTS MUST BE PROVIDED IN ORDER TO BE GRANTED A PERMIT:

- Copy of *Crane Operator Certificate* from one of the following organizations:
  - National Commission for the Certification of Crane Operators (NCCCO)
  - Operating Engineers Certification Program (OECF)
  - Crane Institute of America Certification
- New Jersey Crane License
- Current Medical Examiner's Card
- A copy of the most recent and current proof of inspection (Crane Owner)
- Certificate of Insurance made out to the *Borough of Palisades Park* as the Certificate Holder required as follows:
  - 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.
  - 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.
- Proof that Crane Operator submits to a random drug testing program
- Proof of Completion of Signal Person Qualification or Certification course.

### FOR OFFICIAL USE ONLY

DATE ISSUED: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_

CODE ENFORCEMENT APPROVAL: \_\_\_\_\_

### CHECK DOCUMENTS PROVIDED:

- ☐ Copy of Crane Operator Certificate
- ☐ New Jersey Crane License
- ☐ Current Medical Examiner's Card
- ☐ Copy of proof of inspection
- ☐ Insurance required:
  - ☐ Bodily Injury
  - ☐ Property Damage
- ☐ Proof of drug testing program
- ☐ Proof of Signal Qualification/Certification