

## Notification of Erecting or Dismantling of Climber or Tower Crane

The completed application must be received by the Cranes and Derricks Division 2 business days before the raising or lowering of a Tower Crane. Please file 2 copies; Application must be typewritten

1.	Location Of Job		
1	Borough:		
1	House No(s).:	Street Name:	

2.	Crane Information		
C.D	). No.:	C.N. No.:	Phase:
	External Climbing Crane		Internal Climbing Crane
Dates(s) of Proposed Raising or Lowering: Time of Proposed Rais		Time of Proposed Raising or Lowering:	
Note: If the same values / lowering execution is to be negleged on weekends, believe, or other then negree werking being			

Note: If the crane raising / lowering operation is to be performed on weekends, holidays, or other than normal working hours, an after-hour work variance must be submitted and approved by the Cranes & Derricks Division prior to commencement of work.

3. Rigger's Statement		
Last Name:	First Name:	M.I.:
License Number:		
Address:		
City:	State:	Zip:
Phone:	Fax:	

I, \_\_\_\_\_\_\_, am a master or tower rigger licensed by the City of New York. I have been designated as the rigger supervising the erection, jumping, and/or dismantling the above-referenced crane. I will be present at the job site in accordance with the rules and regulations of the City of New York and will personally verify that all horizontal bracing, collars, shoring and wedges conform with the drawings approved by the Department. I will also ensure that these operations strictly follow the tower crane manufacturer's erecting, jumping and dismantling procedures Additionally, I will comply with the Department's rules and regulations in designating a rigging foreman and recognize that such designation does not relieve me of any responsibility for liability for any aspects of rigging safety.

I understand that falsification of any statement herein is a misdemeanor under Section 26-124 of the Administrative Code and is punishable by a fine, imprisonment, or both.

Signature:

Date:

4. Equipment User's Statement					
Last Name:	First Name:	M.I.:			
Business Name:					
Address:					
City:	State:	Zip:			
I,, am the Equipment User as stated on the approved application for the Certificate of On-Site Inspection. I authorize the above-referenced rigger, or his rigging foreman, to supervise the erection, jumping or dismantling the above-referenced crane.					
Signature: Date:		):			

Offiial Use Only	
Inspector's Name:	Signature

Date