## APPLICATION TO OPERATE PERMITTED CRANE/MACHINE



GENERAL INFORMATION				
Date of Application:				
Applicant:				
Applicant Contact:				
Phone:				
Email:				
I acknowledge and agree to pay the \$195 +GST Crane Permit Processing Fee: PO / Ref:				
DETAILS				
Crane/Machine Permit No: CP-				
Date(s) of Lift:				
Location / Structure (e.g. J7 East, CQ4, etc.):				
Position on Berth (metre marks over length of berth outriggers will operate):				
Vessel Name (if applicable):				
LIFTING AND LOAD DETAILS				
Proposed lifting orientation (tick one/both):   A and/or  B				
Lifted weight (t): Maximu	ım radius (m):			
Slewing radius (m):				
Are the LPC Support Beams required:  Yes  No				
Describe the sequence of the proposed lift:				
e.g. lift at max radius in position 1, reduce radius to slewing radius and slew to position 5				
The second of th	Front of Crane  Berthing Face of Wharf			

State the <u>maximum</u> outrigger loads during the operation applicable for the proposed lift. Maximum loads must be given to cover the full operation, including crane/machine set up, lifting, radius and slewing configurations.

	Outrigger A	Outrigger B	Outrigger C	Outrigger D
Max outrigger load				

Send application to <a href="mailto:permits@lpc.co.nz">permits@lpc.co.nz</a> at least 2 working days prior to requested operation.

Orientation A

Orientation B