**LONDON BOROUGH OF MERTON**

**Mobile Crane Application Form**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LICENCE  NUMBER |  | | RECEIPT  NUMBER | | |  | PERMIT  NUMBER | |  |
| TO BE COMPLETED BY THE LONDON BOROUGH OF MERTON NETWORK COORDINATION TEAM | | | | | | | | | |
| **APPLICATION APPROVED** | | | | **YES** | **NO** | **CONFIRMED START DATE** | |  | |
| **SIGNED** | | **PRINT NAME** | | | | **CONFIRMED END DATE** | |  | |

**To process your licence, you need to ensure the following:**

1. **Enclose Completed Application form - Missing/Incorrect details will cause delays.**
2. **Provide Site plan & traffic management plan for all road users (where applicable).**
3. **Provide Emergency Contact number (24 hours).**
4. **Pay Licence Application Fee of £258.00 per day.**
5. **Provide copy of public liability insurance, risk assessment and method statement.**
6. **Provide a copy of notification letter to business and residents (where applicable).**
7. **Provide proof of parking suspensions or temporary traffic order (where applicable).**
8. **Allow a minimum 10 working days prior to start date for applications**
9. **Apply for any renewals a minimum of 10 days prior to end date.**
10. **Provide a contactable number – If we are unable to make contact your application will be refused.**

**PLEASE INDICATE THE TYPE OF LICENCE REQUIRED**

|  |  |  |  |
| --- | --- | --- | --- |
| **Mobile Crane** |  | **Cherry Picker** |  |
| **MEWP** |  | **Scissor Lift** |  |

**PLEASE USE BLACK INK AND BLOCK CAPITALS TO FILL IN BLANKS AND TICK APPROPRIATE BOXES.**

**APPLICANT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT / LICENCEE NAME**: (Applicants should be the person who ensures the conditions of the licence are met and supply public liability insurance) | | | |
|  | | | |
| **COMPANY NAME:** | | | |
| **COMPANY ADDRESS:** | | | |
| **EMAIL ADDRESS:** | | | |
| **PHONE NO:** |  | **CONTACT NAME:** |  |
| **24HR CONTACT NO:** |  | **24HR CONTACT NAME:** |  |

**CRANE OPERATOR DETAILS**

|  |
| --- |
| **NAME**: |
| **COMPANY:** |
| **ADDRESS:** |
| **EMAIL ADDRESS:** |
| **TELEPHONE NUMBER**: |
| **24HR CONTACT NAME:** |
| **24HR CONTACT NUMBER:** |

**MOBILE CRANE DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRANE / MAKE & MODEL:** | | | |
|  | | | |
| **CRANE WEIGHT:** | | | |
|  | | | |
| **CRANE LENGTH:** |  | **CRANE WIDTH:** |  |
| **CRANE HEIGHT:** |  | **CAPACITY (Tonnes):** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Mobile Crane Location** | | | | | | |
| Location of Crane (inc. property No./Name): | | | |  | | |
| Road Name: | | | |  | | |
| Crane Use: | | | |  | | |
| F/W  C/W  Verge | Length | Width | Depth | Coordinates | | Surface Type |
| Easting | Northing |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Is this an extension of an existing licence? Y/N | | | |  | | |
| Estimate start date of works: | | | | Extension Start Date: | | |
| Estimate completion date of works: | | | | Extension End Date: | | |
| **Note: Please attach a Site plan with this application** | | | | | | |

**INSURANCE AND INDEMNITY DETAILS**

**I hereby undertake to indemnify London Borough of Merton against any claims for which I am obliged to indemnify the Council and for this purpose, to maintain an insurance policy to cover any liability up to £5,000,000 for any such claim and to produce the policy to the Council upon demand together with the receipt for the last premium.**

|  |
| --- |
|  |
| **NAME OF INSURANCE COMPANY:** |
| **POLICY NUMBER:** |
| **EXPIRY DATE:** |
| **NAME OF COMPANY INSURED:** |

**Traffic Management & Network Coordination**

**Please indicate where licence is required:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Footway |  | Cycle Lane |
|  | Carriageway |  | Private / Forecourt |
|  | Verge |  | Public Right of Way |

**Please indicate what traffic management is required:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Road Closure |  | Stop/Go Boards |
|  | Contraflow |  | Give and take |
|  | Lane Closure |  | Priority working |
|  | Convoy Working |  | Some carriageway incursion |
|  | Multi-way Signals |  | No carriageway incursion |
|  | Two-way Signals |  | No traffic management |

**IMPORTANT NOTES**

**Please note that Merton’s Network Coordination Team requires a minimum of 10 working days notice of a start date before we can issue a licence and works can commence. This is because we have to perform road space coordination for potential conflicts, inform statutory utility companies of the works and the intention to issue a licence.**

**The applicant will be responsible for seeking the agreement of all stakeholders and interested parties and you should contact the Network Coordination Team on 020 8545 3151 to agree any traffic arrangements that may be necessary.**

**Should a temporary traffic order be required, this will take up to 8 weeks to process. Please note there will be an additional charge for the suspension of any parking bays. To suspend pay & display or CPZ parking bays please contact** [**parking@merton.gov.uk**](mailto:parking@merton.gov.uk) **(Charges may vary depending on the location).**

**Should you wish to store materials, compounds, containers, portable toilets on the highway, you will require an additional licence to cover these activities. Please contact the Network Coordination Team.** [**network.co-ordination@merton.gov.uk**](mailto:network.co-ordination@merton.gov.uk)

**LICENCE AGREEMENT**

**In making this application the named applicant shall:**

1. **Agree to pay the charge associated with the restriction as set out in the ‘Councils’ schedule of fees/rates**
2. **Agree to fulfil the standard conditions.**
3. **Recognises that the Council may impose Additional Conditions specific to this particular application.**
4. **You should note that any costs incurred by the Council as a result of the licence will be recharged to you.**

**Please note you can use any of the following methods to pay:**

* **By BACS**
* **By credit card / debit card – If you wish to use this facility, please call 0208 545 4124**

**Please return completed application to** [**Network.Co-Ordination@merton.gov.uk**](mailto:Network.Co-Ordination@merton.gov.uk)

**APPLICANT SIGNATURE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SUBMITTED BY** | **SIGNATURE** |  | **PRINT NAME** |  | **DATE** |  |