

Licence for Site Cranes Overhanging the Highway under Section 178 of the Highways Act 1980



We hereby apply to London Borough of Southwark to enter into an agreement under Section 178 of the Highways Act 1980 in respect of the development specified in this application and the attached plans.

Signed:

Date:

On behalf of

(if acting as agent)

Part 1 – General Particulars

1a. Applicant (<i>Developer</i>) Name: Address: Post Code: Telephone Number: Fax Number: Email: Representative:	1b. Agent (Consultant) Name: Address: Post Code: Telephone Number: Fax Number: Email: Representative:
1c. Planning Permission reference number:	
1d. Are 2 copies of the following attached? Owners's and Operator's insurance policy and evidence that current premiums have been paid. Plan(s) showing the streets and neighbouring land affected by: i. Jib arch ii. Site area (Red line site plan) iii. Slew circle of the jib iv. Loading bay location	Please tick Yes: <input type="checkbox"/> No: <input type="checkbox"/> Please tick Yes: <input type="checkbox"/> No: <input type="checkbox"/> If No, state when copies will be provided

Important – The applicant is advised that there is an annual fee of £250 payable upon the completion of the agreement and on the anniversary of such date each year that the licence remains in effect.

Part 2 – Site Details	
2a Development Name:	
2b Development Address:	
2c Name(s) of the public road(s) affected by the jib arch.	
2d Land Registry Title Number:	

Part 3 – Legal and Programming issues	
3a Applicant's Solicitor's details:	Name: Address: Post Code: Telephone Number: Fax Number: Representative:
3b Land Owner details (if different to applicant's)	Name: Address: Post Code: Telephone Number: Fax Number: Representative:
3c Start and finish dates requested for the licence.	Start Date: _____ Finish Date: _____
3d Details of the operations to be carried out by the site owner/operator.	
3e Details of the crane	Height of crane: Jib length:

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	Crane type: <i>e.g. Tower, Crawler etc</i>
3f Details of proposed Contractor (if known)	Name: Address: Post Code: Telephone Number: Fax Number: Representative:
3g Details of the owner/operator of the crane(s)	Name: Address: Post Code: Telephone Number: Fax Number: Representative:

Part 4 – List of Attachments

4a Please sign and date this section to confirm that to your knowledge the info given above is accurate.	Name: Signed: _____ Date: _____
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4b Please list all attached documents below:

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