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: Dat		ite:	
On behalf of (if		acting as agent)	
Part	1 – General Particulars		
1a. Applicant (Developer)		1b. Agent (Consultant)	
Name:		Name:	
Address:		Address:	
Post Code:		Post Code:	
Telephone Number:		Telephone Number:	
Fax Number:		Fax Number:	
Email:		Email:	
Representative:		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	Please tick Yes: No:	
	Plan(s) showing the streets and neighbouring land affected by:		
	i. Jib arch		
	ii. Site area (Red line site plan)	Please tick Yes: No:	
	iii. Slew circle of the jib		
	iv. Loading bay location		
		If No, state when copies will be provided	

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Part 2 – Site Details					
2a	Development Name:				
2b	Development Address:				
	Name(s) of the public road(s) affected by the jib arch.				
2d	Land Registry Title Number:				
	(0 . I I I I				
Part	Part 3 – Legal and Programming issues				
3a	Applicant's Solicitor's details:	Name:			
		Address:			
		Post Code:			
		Telephone Number:			
		Fax Number:			
		Representative:			
	Land Owner details (if different to applicant's)	Name:			
		Address:			
		Post Code:			
		Telephone Number:			
		Fax Number:			
		Representative:			
	Start and finish dates requested for the licence.	Start Date:	Finish Date:		
	Details of the operations to be carried out by the site owner/operator.				
3e	Details of the crane	Height of crane:			
		Jib length:			

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.

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		Crane type: e.g. Tower, Crawler etc		
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				
		Name:		
4a	Please sign and date this section to confirm that to your knowledge the info given above is accurate.	Signed:	Date:	
4b	Please list all attached documents below:			