



**CITY OF MOUNT VERNON, NEW YORK**  
DEPARTMENT of PUBLIC WORKS

**SHAWYN PATTERSON-HOWARD**  
*Mayor*

City Hall  
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Mount Vernon, NY, 10550  
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**DAMANI L. BUSH**  
*Commissioner*  
**ROBERT L. HACKETT**  
*Deputy Commissioner*

**CRANE PERMIT APPLICATION**

DATE: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

CRANE OWNER: \_\_\_\_\_

LOCATION OF WORK: \_\_\_\_\_

START DATE: \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_

**CRANE SPECIFICATIONS**

GROSS VEHICLE WEIGHT (GVW): \_\_\_\_\_

DIRECTION OF PICK: \_\_\_\_\_

MAXIMUM BOOM RADIUS WITH DIRECTION OF SWING: \_\_\_\_\_

LENGTH OF VEHICLE: \_\_\_\_\_ WIDTH OF VEHICLE: \_\_\_\_\_

MAXIMUM OUTRIGGER LENGTH: \_\_\_\_\_

LENGTH OF TOTAL OBSTRUCTION OF ROADWAY: \_\_\_\_\_  
(INCLUDING TRACTOR TRAILER)

LENGTH OF SIDEWALK CLOSURE: \_\_\_\_\_

FLAGMEN: \_\_\_\_\_

**INSURANCE REQUIREMENTS:**

- General Liability: \$25,000,000.00
- Automobile (All): \$1,000,000.00 - \$3,000,000.00
- Worker’s Compensation: Statutory
- City of Mount Vernon is the Certificate Holder
- City of Mount Vernon is Named Additional Insured Without Qualification or Written Contract
- 10 Day Notice of Cancellation
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\* Attach the technical data of the crane, including the load chart with lifting capacities and heights