Highways Act 1980 Section 178
CRANE LICENCE APPLICATION

For Crewe & Nantwich areas,
Please return the application to:
Southern Area Highways Office
Floor 6
Delamere House
Delamere Street
Crewe
CW1 2LL
Email: CEHSouth@cheshireeasthighways.org

For Congleton, Macclesfield, Wilmslow & Knutsford areas,
Please return the application to:
Northern Area Highways Office
Brunswick Wharf Depot
Brook Street
Congleton
CW12 1RH
Email: CEHNorth@cheshireeasthighways.org

This application must be completed by the Contractor (persons working on the Crane)

Applicant’s Name:
Address:
Tel No: Fax No:

I/we HEREBY APPLY for a Licence under Section 178 of the Highways Act 1980 to erect a Crane referred to in the Schedule over the highway known as:...................................................................................................................................................................................
outside the premises known as: ...........................................................................................................................................................................................
on the plan attached hereto FOR A PERIOD FROM ......................... TO.........................

(The cost of the Licence will be £321)
The completed Application Form shall be received by this office not less than FIVE working days prior to the proposed start date. Please note that the Licence will not be granted unless the appropriate fee has been received. No work must take place until formal permission is granted by the Authority.

I attach a cheque made payable to Cheshire East Council to the value of £ ......................
being the charge for the Licence as set out above.

SIGNED DATED

PRINT NAME
1. Name, address and telephone number of company supplying the Crane.

2. Description of relevant structure, including dimensions overhanging the highway (length of Jib/Boom and CounterBoom):

3. Purposes for which the structure is to be erected/retained:

4. Please append plan of proposed location, showing dimensions of the temporary structure, and its position in relation to the building or site in question and the footway or carriageway adjacent to the site.

---

For Office Use Only:

TO BE COMPLETED BY THE HIGHWAYS INSPECTOR:
I submit my comments on the above proposals as follows:
This application is approved / rejected.

Signed Dated
CHESHIRE EAST COUNCIL
INSURANCE CERTIFICATE FOR PUBLIC LIABILITY

This Certificate must be completed by the Insurance Company or Broker with whom the Contractor is insured.

This Certificate shall form an essential part of the Permission, which shall be deemed to be cancelled should any part of this Certificate cease to apply.

I/We hereby certify:-

1 That the under mentioned insurance policies are held by

   Name (of the Insured) ........................................................................................................

   of (address) .....................................................................................................................

   herein referred to as the Insured.

2 That the policy premiums have been paid and that the policies are in force until the date given.

   (Enter here a list of the insurance policies which apply, giving the Policy Number, the name of the Insurance Company, and the date of expiry)

   ........................................................................................................................................

3 That the above mentioned policies indemnify and keep indemnified the Council as Highway Authority against all claims, actions, demands or expenses which might arise out of or in consequence of negligence by the Insured or his servants or agents.

4 That the indemnity provided by the Public Liability Policy is not less that £5,000,000 for any one claim with an unlimited number of claims.

   Signed......................................................................................................................
   For and on behalf of

   Insurer’s name............................................................................................................

   Address.......................................................................................................................

   ........................................................................................................................................

   Date...............................................................................................................................

Note: This form must be completed by the Contractor’s insurance company or broker and stamped for authenticity.
CHESHIRE EAST COUNCIL
INSURANCE CERTIFICATE FOR PUBLIC LIABILITY

This Certificate must be completed by the Insurance Company or Broker with whom the Crane Company is insured.

This Certificate shall form an essential part of the Permission, which shall be deemed to be cancelled should any part of this Certificate cease to apply.

I/We hereby certify:-

1 That the under mentioned insurance policies are held by

Name (of the Insured) ..........................................................................................................

of (address) ....................................................................................................................

herein referred to as the Insured.

2 That the policy premiums have been paid and that the policies are in force until the date given.

(Enter here a list of the insurance policies which apply, giving the Policy Number, the name of the Insurance Company, and the date of expiry)

........................................................................................................................................

3 That the above mentioned policies indemnify and keep indemnified the Council as Highway Authority against all claims, actions, demands or expenses which might arise out of or in consequence of negligence by the Insured or his servants or agents.

4 That the indemnity provided by the Public Liability Policy is not less that £5,000,000 for any one claim with an unlimited number of claims.

Signed..............................................................
For and on behalf of

Insurer’s name..........................................................

Address...........................................................................................................

........................................................................................................

Date.................................................................................................

Note: This form must be completed by the Crane Company’s insurance company or broker and stamped for authenticity.