



Buildings

Contingency DOT Form/Letter

Application must be typewritten.

1 Location Information *Required for all applications.*

House No(s)	Street Name	Date
Borough	Block	Lot
Device Type	Serial Number	CD #
Device Type	Serial Number	CD #
Device Type	Serial Number	CD #
Device Type	Serial Number	CD #

2 Applicant Information *Required for all applications.*

Last Name	First Name	Middle Initial
Business Name	Business Telephone	
Business Address	Business Fax	
City	State	Zip
E-Mail	License Number	

3 Phase Information *Required for all applications.*

	Phase I	Phase II	Phase III	Phase IV
Boom				
Jib				
Mast				
TOTAL				

All measurements in feet

4 Statement of Approval *Required for all applications.*

Approval for this _____ is contingent upon its satisfactorily passing an assembled inspection, for each phase, by a Cranes & Derricks inspector at the above site. *Please allow applicant to proceed with obtaining the Department of Transportation permit.*



Internal Use Only	