



PORT OTAGO

Port Otago Limited HEAVY LOADING PERMIT

APPLICATION FOR CRANE / HEAVY LOAD OVER WHARF/JETTY

NAME OF APPLICANT: _____

ADDRESS: _____

PHONE: _____ FAX: _____ MOBILE: _____

NAME OF CONTRACTOR (IF APPLICABLE): _____

MAKE OF CRANE / VEHICLE: _____

MODEL: _____ REGISTRATION NO.: _____

DESCRIPTION OF LOADING CONFIGURATION (PLEASE PROVIDE SKETCHES SHOWING
LOADS AND CONTACT AREAS):

MAXIMUM OUTRIGGER / AXLE LOADS: _____

WHARF REQUIRED: _____

ANTICIPATED LOCATION ON WHARF (SKETCH): _____

NAME OF VESSEL (IF APPLICABLE): _____

DATE: _____ TIME: _____ (of activity)

*Please submit this application by e-mail to HeavyLoadingPermits@portotago.co.nz or
PO Box 15, Port Chalmers 9023*

Port Otago Use Only

Application examined and **approved / not approved** subject to the following
conditions:

Signed (for POL): _____ Date: _____