

Ballina Byron Gateway Airport

Crane Assessment Application Form



Date of Application: _____

1. PROPONENT DETAILS

Company: _____ Contact: _____
Phone No.: _____ Email: _____
On-Site Contact: _____ Mobile: _____

2. CRANE DETAILS

Location (address or co-ordinates)

Street address: _____ Latitude: _____
Suburb: _____ Longitude: _____

Crane Height: _____ m (Maximum operating height above ground)

Ground level: _____ m (Maximum ground height in AHD)

Purpose: _____ (Reason for operation)

Date of Operation (total duration of crane activity to be assessed)

Start date: _____ End date: _____

Hours of Operation (if crane is to be lowered at completion of each days activity)

Start time: _____ End time: _____

Completed form to be submitted to airport.ops@ballina.nsw.gov.au

For enquiries on how to complete form call 02 6681 0555