



CITY OF WHITE PLAINS

DEPARTMENT OF BUILDING

70 Church Street, White Plains, New York 10601

Phone: (914) 422 - 1269 * Fax: (914) 422 - 1471

<http://www.cityofwhiteplains.com>

HOISTING AND RIGGERS ANNUAL LICENSE:

Please check off as applicable:

New Application

Annual Renewal

Applicant Name : _____

Residence: _____

Home Phone : _____

Name of Company : _____

Address: _____

Phone: _____

State the method, ways, works, machinery and apparatus to be used:

STATE OF NEW YORK }

COUNTY OF WESTCHESTER }

(PRINT APPLICANT NAME)

being duly sworn, disposes and says: that he/she is the owner and/or a duly authorized representative

of the owner; that he/she is making application for a City of White Plains General Hoisting License ; and that the statements contained here are true to the best of his/her knowledge and belief, and that all hoisting work will be performed per the Rigging and Hoisting Requirements set forth in the application and in the plans and specifications filed therewith, and in accordance with all applicable laws, ordinances and regulations.

Applicant Sworn Before Me This ___ Day of ___ 20 ___

Signature of Applicant

NOTARY PUBLIC

FOR OFFICE USE ONLY

FEE: _____ **RECEIPT #** _____ **DATE:** _____

HOISTING LICENSE # _____ **ISSUE DATE:** _____

INSURANCE: _____