



CITY OF WHITE PLAINS

DEPARTMENT OF BUILDING

7-11 South Broadway - Suite 100, White Plains, New York 10601

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

Reset Form

<http://www.cityofwhiteplains.com>

Print Form

HOISTING AND RIGGERS ANNUAL LICENSE:

Please check off as applicable:

New Application

Annual Renewal

Applicant Name : _____

Name of Company : _____

Residence: _____

Address: _____

Home Phone : _____

Phone: _____

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

STATE OF NEW YORK }

COUNTY OF WESTCHESTER }

_____ being duly sworn, disposes and says: that he/she is the owner and/or a duly authorized representative
 (PRINT APPLICANT NAME)

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: _____