

澳門特別行政區

REGIÃO ADMINISTRATIVA ESPECIAL DE MACAU



民航局

AUTORIDADE DE AVIAÇÃO CIVIL
CIVIL AVIATION AUTHORITY

CRANE ERECTION APPLICATION FORM

Please send completed application form by post or fax, giving at least 7 days' notice, to:

澳門宋玉生廣場336-342號
誠豐商業中心十八樓

Alameda Dr. Carlos D'Assumpção, 336-342
Centro Comercial Cheng Feng, 18º andar
Macau

傳真號碼 Fax: (853) 2833 8089
電話號碼 Tel: (853) 2851 1213

(A1) NAME AND OF ARCHITECT :						
(A2) ADDRESS				Tel No:		
				Fax No:		
(A3) Name of Project Manager:				Contact No:		
(B1) NAME AND OF MAIN CONTRACTOR:						
(B2) ADDRESS				Tel No:		
				Fax No:		
(B3) Name of Project Manager:				Contact No:		
(C) PROJECT TITLE AND NAME OF DEVELOPMENT/BUILDING:						
(D) DETAILS OF CRANE ERECTION (To attach relevant maps/charts showing exact location of crane erection)						
Crane No	Type Of Crane	Obstacle Light	Height Of Crane (In Metres Above Ground Level)	Ground Elevation (In Metres Above Mean Sea Level)	Period Of Use	
					From	To
1						
2						
3						
4						
5						
6						

Name of applicant: _____

Signature / Date

Company Stamp