

WORK PERMIT REQUEST

TENANT INFORMATION

Company: _____ Date: _____
 Contact Number: _____ Tenant Contact Name: _____
 Contact Email: _____

WORK DATES AND TIMES

Start Date: _____ End Date: _____ Start Time: _____ End Time: _____
 Start Date: _____ End Date: _____ Start Time: _____ End Time: _____
 Start Date: _____ End Date: _____ Start Time: _____ End Time: _____

WORK TO BE PERFORMED

Plumbing	Repair/Maintenance/Painting	Move Furniture Items In/Out, Furniture Relocation	Cleaning
Access to Electrical Room	Fire Protection/Sprinkler	Construction (Misc.)	Security
EH Hot Work	Communications	Electrical/Mechanical	Other

DESCRIPTION OF WORK TO BE DONE AND LOCATION OF WORK: _____

CONTRACTOR/TENANT NEEDS

Contractor Company: _____	Office Number: _____
Contractor's On-Site Employees: _____	On-Site Contact Number: _____
Security to provide suite access? Yes No	Start Time: _____ End Time: _____
Security supervision required? Yes No	Start Time: _____ End Time: _____
Service/Freight elevator required? Yes No	Start Time: _____ End Time: _____
<small>(Available: Mon-Fri 6:00pm-6:00am, 24hrs Sat, Sun & Holidays, 20 min. limit 6:00am-6:00pm M-F)</small>	
After hours HVAC required? Yes No	Start Time: _____ End Time: _____
After hours lighting required? Yes No	Start Time: _____ End Time: _____
Smoke by-pass required? Yes No	Start Time: _____ End Time: _____
<small>(Qualified fire watch personnel required)</small>	
Sprinkler impairment required? Yes No	Start Time: _____ End Time: _____
<small>(Qualified fire watch personnel required)</small>	
Other? Yes No	Start Time: _____ End Time: _____

NOTES:

Security personnel required to provide access (tenant representative is unavailable)
 Security supervision will be provided at the rate of \$50/hr (min. 3 hours) plus a 15% administration fee. Holidays and overtime charges may apply.
 After hours HVAC will be provided upon request at the rate of \$60/hr plus a 15% administration fee.
 Operations staff will be required after hours at a rate of \$90/hr (min. 3 hours) plus a 15% administration fee.

Date: _____ Authorized by: _____
(Management Signature)

Additional Charges: \$50 x _____ hrs = _____	Total Additional Charges = _____
\$60 x _____ hrs = _____	
\$90 x _____ hrs = _____	Tenant/Contractor Signature: _____