



WORK PERMIT REQUEST

TYPE OF PERMIT **GENERAL** **STANDING** (for office use only)

TENANT INFORMATION

Date _____

Company _____ Building No. _____

Tenant Contact Name _____ Suite No. _____

Tenant Contact Title _____ E-mail _____

Authorization (Signature) _____ Telephone No. _____

WORK DATES AND TIMES

Weekday	Day	Month	Year	Start Time	Finish Time
				_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
				_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
				_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
				_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____ am <input type="checkbox"/> pm <input type="checkbox"/>

STANDING PERMIT START DATE _____

WORK DESCRIPTION

CONTRACTOR INFORMATION *If necessary, a separate list for subcontractors may be attached.*

	Company	Contact Person	After Hours Phone	WSIB	Insurance
Contractor					
Subcontractor					
Subcontractor					
Subcontractor					

CONTRACTOR / TENANT NEEDS

	Yes	No	Start Time	Finish Time
¹ Security to provide access to suite? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____ am <input type="checkbox"/> pm <input type="checkbox"/>		
² Security supervision required? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____ am <input type="checkbox"/> pm <input type="checkbox"/>		
³ Service/Freight elevator required? <small>Available Times: Mon-Fri: 6:30am-8am, 30min intervals in off peak business hours, after 5:30pm. Sat-Sun.</small>	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____ am <input type="checkbox"/> pm <input type="checkbox"/>		
⁴ After hours HVAC (heating/cooling) required? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____ am <input type="checkbox"/> pm <input type="checkbox"/>		
⁵ After hours lighting required? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____ am <input type="checkbox"/> pm <input type="checkbox"/>		
⁶ Smoke by-pass required? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____ am <input type="checkbox"/> pm <input type="checkbox"/>		
⁷ Sprinkler impairment required? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____ am <input type="checkbox"/> pm <input type="checkbox"/>		
Other _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____ am <input type="checkbox"/> pm <input type="checkbox"/>		

¹ Security personnel required to provide access (tenant representative is unavailable).

² Security supervision will be provided at the rate of \$45 /hour (min. 4 hours) plus a 15% administration fee. Holiday and Overtime charges may apply.

⁴ After hours HVAC will be provided upon request at the rate of \$35 per hour plus a 15% administration fee.

⁶ Operations Staff will be required at the rate of \$45 /hour (min. 4 hours) plus

⁷ Sprinkler Impairments are subject to a flat fee of \$325 per drain down.

To be completed by building management only.		Additional Charges: (\$ x hrs) ² Security supervision: \$45 x _____ = _____ ⁴ After Hours HVAC: \$35 x _____ = _____ ⁶ Operations Fees: \$45 x _____ = _____ ⁷ Sprinkler Impairment Fee: \$325 _____ Administration Fees: 15% _____	Contractor/Tenant Authorization: Please Initial to Authorize Additional Charges <div style="background-color: yellow; height: 40px; width: 100%;"></div>
Date _____ Authorized by _____ <small>Management Signature</small>	Total _____		



WORK PERMIT REQUEST

TYPE OF PERMIT	GENERAL <input type="checkbox"/>	STANDING (for office use only) <input type="checkbox"/>
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TENANT INFORMATION		Date	1-Jan-15
Company	Colliers International	Building No.	4 Robert Speck
Tenant Contact Name	Manny Costa	Suite No.	260
Tenant Contact Title	Operations Supervisor	E-mail	manny.costa@colliers.com
Authorization (Signature)	Manny Costa	Telephone No.	905-281-7231

WORK DATES AND TIMES				STANDING PERMIT START DATE 15-Jan-15			
Weekday	Day	Month	Year	Start Time	Mark One	Finish Time	Mark One
Monday	15	1	2015	8.00	am <input checked="" type="checkbox"/> pm <input type="checkbox"/>	2.00	am <input type="checkbox"/> pm <input checked="" type="checkbox"/>
					am <input type="checkbox"/> pm <input type="checkbox"/>		am <input type="checkbox"/> pm <input type="checkbox"/>
					am <input type="checkbox"/> pm <input type="checkbox"/>		am <input type="checkbox"/> pm <input type="checkbox"/>
					am <input type="checkbox"/> pm <input type="checkbox"/>		am <input type="checkbox"/> pm <input type="checkbox"/>

WORK DESCRIPTION

ABC Company: delivering new furniture and access and security supervision is needed. 123 Company are erecting new furniture inside our premises. XYZ Company are installing new power supply to workstations.

CONTRACTOR INFORMATION				<i>If necessary, a separate list for subcontractors may be attached.</i>			
Contractor	Company	Contact Person	After Hours Phone	WSIB (copy attached)		Insurance (copy attached)	
Contractor	ABC Company	Manny Costa	000-000-0000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor	123 Company	Manny Costa	000-000-0000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor	XYZ Company	Manny Costa	000-000-0000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTRACTOR / TENANT NEEDS			Start Time	Mark One	Finish Time	Mark One
1 Security to provide access to suite?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8.00	am <input checked="" type="checkbox"/> pm <input type="checkbox"/>		am <input type="checkbox"/> pm <input type="checkbox"/>
2 Security supervision required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8.00	am <input checked="" type="checkbox"/> pm <input type="checkbox"/>	2.00	am <input type="checkbox"/> pm <input checked="" type="checkbox"/>
3 Service/Freight elevator required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8.00	am <input checked="" type="checkbox"/> pm <input type="checkbox"/>	9.00	am <input checked="" type="checkbox"/> pm <input type="checkbox"/>
<i>Available Times: Mon-Fri: 6:30am-8am, 30min intervals in off peak business hours, after 5:30pm. Sat-Sun.</i>						
4 After hours HVAC (heating/cooling) required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9.00	am <input checked="" type="checkbox"/> pm <input type="checkbox"/>	2.00	am <input type="checkbox"/> pm <input checked="" type="checkbox"/>
5 After hours lighting required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9.00	am <input checked="" type="checkbox"/> pm <input type="checkbox"/>	2.00	am <input type="checkbox"/> pm <input checked="" type="checkbox"/>
6 Smoke by-pass required?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			am <input type="checkbox"/> pm <input type="checkbox"/>		am <input type="checkbox"/> pm <input type="checkbox"/>
7 Sprinkler impairment required?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			am <input type="checkbox"/> pm <input type="checkbox"/>		am <input type="checkbox"/> pm <input type="checkbox"/>
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			am <input type="checkbox"/> pm <input type="checkbox"/>		am <input type="checkbox"/> pm <input type="checkbox"/>

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⁴ After hours HVAC will be provided upon request at the rate of \$35 per hour plus a 15% administration fee.
⁶ Operations Staff will be required at the rate of \$45 /hour (min. 4 hours) plus
⁷ Sprinkler Impairments are subject to a flat fee of \$325 per drain down.

To be completed by building management only.		Additional Charges: (\$ x hrs)		Contractor/Tenant Authorization: Please Initial to Authorize Additional Charges
Date _____	² Security supervision:	\$45 x _____ = _____	M.C	
Authorized by _____ <i>Management Signature</i>	⁴ After Hours HVAC:	\$35 x _____ = _____		
	⁶ Operations Fees:	\$45 x _____ = _____		
	⁷ Sprinkler Impairment Fee:	\$325 _____		
	Administration Fees:	15% _____		<i>Manny Costa</i>
		Total		

