

**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 before 7am, 8:30am to 11:30am, 1:30pm - 3:30pm, 24hrs Sat, Sun &amp; Holidays, 20 min. limit 6:00am-6:00pm)</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. 4 hours) plus a 15% administration fee. Holidays and overtime charges may apply. After hours HVAC will be provided upon request at the rate of \$50/hr plus a 15% administration fee.

Date: \_\_\_\_\_ Authorized by: \_\_\_\_\_  
(Management Signature)

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

1075 West Georgia - FREIGHT ELEVATOR CAPACITIES

	DOORS (W x H)	ELEVATOR DIMENSIONS (W x D x H)	WEIGHT LIMIT
Low-Rise Freight	84" x 42"	79" x 62" x 120"	1,590 kg
High-Rise Freight	84" x 42"	79" x 62" x 120"	1,590 kg

Please submit Work Permit Request to: [service.centre@colliers.com](mailto:service.centre@colliers.com)  
 and please cc: [yulia.tislenok@colliers.com](mailto:yulia.tislenok@colliers.com)