

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 |
| ☐ 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: _____
(Available: Mon-Fri before 7am, 8:30am to 11:30am, 1:30pm - 3:30pm, 24hrs Sat, Sun & Holidays, 20 min. limit 6:00am-6:00pm)	
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: _____
(Qualified fire watch personnel required)	
Sprinkler impairment required? ☐ Yes ☐ No	Start Time: _____ End Time: _____
(Qualified fire watch personnel required)	
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 **\$35/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 **\$75/hr plus a 15% administration fee.**

Authorized by: _____
(Management Signature)

Date: _____

Tenant/Contractor Signature: _____

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
 and please cc: elena.stojanovska@colliers.com