

| | | | WORK PERMIT | REQUEST | | | |
|--|----------------|-------------------|--|------------------------------|---|----------|--------------------------|
| • | • | | ety and submit 48 hours (2 E permit has been approved l | • • | | | wed to |
| CONTACT INFORMATION | | | | | Date | | |
| Company Name | | | | | Building No. | | |
| Contact Name | | | | <u> </u> | Suite No. | | |
| Contact Title | | | | | | | |
| Contact Title | | | | | E-mail Telephone No. | | |
| WORK DATES ANI | TIMES | | | | relephene ite. | | |
| Weekday | Day | Month | Year | Start Time | Fin | ish Time | |
| | | | | am | pm | am | pm |
| | | | | am | pm | am | pm |
| | | | | am | pm | am | pm |
| | | | | am | pm | am | pm |
| WORK DESCRIPTI | ON (Provide | as much deta | il as possible) | | | | |
| - | | | | | | | |
| CONTRACTOR IN | ODMATION | | | | | | |
| CONTRACTOR INF | | Company | Contact Person | | ecessary, a separate list for s After Hours Phone | wsiB | e attached. Insurance |
| Contractor | | ompany | Oontact i erson | | Aiter Hours I Home | I I | |
| Subcontractor | | | | | | | |
| Subcontractor | | | | | | | |
| Subcontractor | | | | | | | |
| CONTRACTOR / TI | NANT NEE | DS | | Start Time | Fin | ish Time | |
| ¹ Security to provide | e access to su | ite? | Yes No | am | pm | am | pm |
| ² Security supervisi | on required? | İ | Yes No | am | pm | am | pm |
| ³ Service/Freight el | | 10 | | | | | |
| | | | Yes No after 5:00pm. 30min intervals during off | peak business hours. | pm | am | pm |
| | | holidays: Anytime | | | | | |
| ⁴ After hours HVAC | (heating/cooli | ing) required? | Yes No | am | pm | am | pm |
| ⁵ After hours lightin | a required? | | Yes No | am | pm | am | pm |
| | | | | | | | |
| Smoke by-pass required? Available Times: Mon-Fri: 7:00am - 5:00pm (charge | | | Yes No | am | pm | am | pm |
| | | | e (Charges will apply) | | | | |
| ⁷ Sprinkler impairm | ent required? | | Yes No | am | pm | am | pm |
| Available Times: I | Mon-Fri: 7:00a | m -5:00pm (in ad | dition to drain down fee, charges will ap | oply from 5:00pm to 7:00 | Dam) | | |
| No sprinkler impa | irments allowe | d on Sat-Sun & S | | | | | |
| Other | | _ | Yes No | am | pm | am | pm |
| , , | | • | representative is unavailable). | | | | |
| , , | | | /hour (min. 4 hours) plus a 15% administrati | • | me charges may apply. | | |
| | | | rate of \$45 per hour plus a 15% administrati | | | | |
| Operations Staff will 7 Sprinkler Impairment | | | of \$45 /hour (min. 4 hours) plus a 15% adn | ninistration fee. Holiday an | d Overtime charges may app | Iy. | |
| To be completed b | | | • | | | | |
| To be completed b | y building in | ianagement or | ny. | Additional Cha | rges: (\$ x hrs) | | |
| | | | ² Security supervision: | \$45 x | | | |
| Date | | | ⁴ After Hours HVAC: | \$45 x | | | |
| | | | ⁶ Operations Fees: | \$45 x | | | |
| Authorized by Management Signature | | | ⁷ Sprinkler Impairment Fee: | \$325 | | | |
| | aagomont c | | Administration Fees: | 15% | | | |
| | | | Tota | d | | | |

Work Permit Request to be submitted to <u>Joel.Victoria@colliers.com</u>, <u>Chris.Eversley@colliers.com</u> <u>MECSecurityManager@colliers.com</u>, <u>Anthony.Kern@colliers.com</u>