

# CONSTRUCTION WORK PERMIT



## GENERAL INFORMATION

CITY PERMIT NO. \_\_\_\_\_

TENANT \_\_\_\_\_

TENANT CONTACT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

BUILDING \_\_\_\_\_ FLOOR(S) \_\_\_\_\_

DATE \_\_\_\_\_ CF CONTACT \_\_\_\_\_

## CONTRACTOR/SERVICE PROVIDER INFORMATION

COMPANY \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CELLULAR \_\_\_\_\_ EMAIL \_\_\_\_\_

## PROJECT INFORMATION

DURATION FROM \_\_\_\_\_ TO \_\_\_\_\_

HOURS OF WORK FROM \_\_\_\_\_ TO \_\_\_\_\_

APPROX. SQ.FT. \_\_\_\_\_

SUMMARY OF WORK \_\_\_\_\_

\_\_\_\_\_

- ALL trades MUST be unionized
- A comprehensive list of ALL trades, names of workers expected on site, and emergency contact numbers must be attached to this permit form
- Email form to: sue.sherban@cadillacfairview.com

### FOR OFFICE USE ONLY

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

ADDITIONAL INFO  INSURANCE  WSIB  DWGS.  CONTACT SHEET

DISTRIBUTION  OPERATIONS  TENANT RELATIONS  SECURITY & LIFE SAFETY  PROJECT MGMT.

COMMENTS \_\_\_\_\_