



SERVICE WORK PERMIT



GENERAL INFORMATION

TENANT _____

TENANT CONTACT _____ TELEPHONE _____

BUILDING _____ FLOOR(S) _____

DATE _____

CONTRACTOR/SERVICE PROVIDER INFORMATION

COMPANY _____

CONTACT NAME _____ TELEPHONE _____

CELLULAR _____ EMAIL _____

PROJECT/SERVICE(S) INFORMATION

DURATION FROM _____ TO _____

HOURS OF WORK FROM _____ TO _____

ACCESS CONTROL PASSCARD ESCORT KEYS – TENANT KEYS – COMMON

SUMMARY OF WORK _____

SUB-TRADES _____

ACKNOWLEDGEMENT

TENANT SIGNATURE _____ CF SIGNATURE _____

NAME _____ NAME _____

- 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: elson.mccalla@cadillacfairview.com & davidsonj@cadillacfairview.com

FOR OFFICE USE ONLY

RECEIVED BY _____ DATE _____

DISTRIBUTION OPERATIONS TENANT RELATIONS SECURITY & LIFE SAFETY PROJECT MGMT.

COMMENTS _____