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 M5E 1G4

WORK PERMIT REQUEST FORM
PLEASE FAX BACK

48 HOURS ADVANCED NOTICE REQUIRED

REQUESTED BY: _____ DATE: _____

TENANT: _____ TELEPHONE #: _____

DATE(S) OF JOB: _____ START TIME: _____ FINISH TIME: _____

DESCRIPTION OF WORK: _____

SPECIAL EQUIPMENT TO BE USED: *(if any)*

NAME OF CONTRACTOR AND / OR

SUPPLIER: _____

CONTACT NAME: _____

TELEPHONE #: _____

CELL/ PAGER #: _____

SUBTRADES: (Attach list, if any) _____

| | | |
|---|-----|----|
| SERVICE ELEVATOR REQUIRED: IF YES, STATE INTENDED USE AND TIME(S) | YES | NO |
|---|-----|----|

| | | |
|--|-----|----|
| ASSISTANCE REQUIRED OF MANAGEMENT? COMMENTS: | YES | NO |
|--|-----|----|

| | | |
|-----------------|-----|----|
| GUARD REQUIRED? | YES | NO |
|-----------------|-----|----|

EXPLAIN DUTY: _____

NOTE: ALL RENOVATIONS/ CONSTRUCTION TO PREMISES REQUIRE
 PRIOR AUTHORIZATION FROM THE MANAGEMENT OFFICE.

X _____

Approval of Management