

**150 KING STREET WEST
WORK PERMIT APPLICATION
LONG TERM**

Form #K007

Tenant:		Contractor:	
Floor(s):		Area(s):	
Start Date:	Start Time:	Finish Date:	Finish Time:
Contractor Contact Name:			Phone#
Site Supervisor Name:			Phone#
Brief Description of Work:			Number of Workman:
Special Equipment Used:			
Use of Freight Elevator Required**	Yes:	No:	**If yes, please complete below:
Date:	Time:	Intended Use:	
Movement Supervision Form completed and attached?		Yes:	
Assistance Required of Building Staff:			
Additional Areas to be Accessed:			
Tenant Contact:	Name:	Phone#	
Security Authorized to Open Tenant Premises: <i>(Initials in Box required)</i>			
Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
		Tenant Authorized Signature	Date

-PROPERTY MANAGEMENT USE ONLY-

Received at Property Management Office:		
By: _____	Date: _____	Time: _____
Authorized at Property Management Office:		
By: _____	Date: _____	Time: _____

Special PMO Instructions:	Approved By: _____
Distribution: MD S/R ENG	Received by Security: Initial: Date: Time:

