

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

Form #K006

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	

-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:	

