

CHARLOTTE CARILLON BUILDING ACCESS FORM

Property Management Office Phone # (704) 714-1100

Security Office Phone # (704) 333-5374

Email to jessica.johnson@hines.com in **word** format.

THIS FORM IS REQUIRED TO BE COMPLETED NO LESS THAN TWENTY FOUR HOURS IN ADVANCE OF WORK ACTIVITY

*******48 HOURS ADVANCED NOTICE FOR FIRE LIFE SAFETY IMPAIRMENTS*******

Today's Date:	Work Date(s) From:	Work Hours:	FIRE ALARM WORK REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>
Tenant:	Tenant Contact:	Building Permit#	FIRE ALARM DEACTIVATION REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>
Project Name:	SECURITY ASSISTANCE REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>		SPRINKLER WORK REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>
Contractor:	ENG. REPRESENTATIVE ASSISTANCE REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>		SPRINKLER PIPING ISOLATION REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>
	MSDS SHEETS IDENTIFIED AND PROVIDED? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		HOT WORK PERMIT REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>
Floor(s) affected:	Cert. of Liability Ins. YES <input type="checkbox"/> NO <input type="checkbox"/>	HOT WORK PERMIT SUBMITTED? YES <input type="checkbox"/> NO <input type="checkbox"/>	(IF YES SEE ENGINEER FOR HOT WORK PERMIT AND PROCEDURE)
Project Manager:	Superintendent:	Foreman:	FIRE WATCH REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>
PM Mobile No. /Radio ID:	Supt. Mobile No. /Radio ID:	Foreman's Mobile No. /Radio ID:	IF YES TO ANY OF THE ABOVE AN APPROVED FIRE/LIFE SAFETY SYSTEM IMPAIRMENT REQUEST MUST BE ON FILE BEFORE DISABLING FACP POINTS

TYPE OF WORK BEING PERFORMED AND SUB-CONTRACTOR PERFORMING WORK EFFORT

<input type="checkbox"/> Acoustical Ceiling	_____	<input type="checkbox"/> Glass and Glazing	_____
<input type="checkbox"/> Carpet / Soft Tile	_____	<input type="checkbox"/> Hard Tile	_____
<input type="checkbox"/> Caulking	_____	<input type="checkbox"/> HVAC	_____
<input type="checkbox"/> Cleaning	_____	<input type="checkbox"/> Masonry	_____
<input type="checkbox"/> Concrete	_____	<input type="checkbox"/> Millwork/Woodwork	_____
<input type="checkbox"/> Construction/Demolition	_____	<input type="checkbox"/> Misc. Metals	_____
<input type="checkbox"/> Doors, Frames Hdwr.	_____	<input type="checkbox"/> Painting	_____
<input type="checkbox"/> Drywall	_____	<input type="checkbox"/> Plumbing	_____
<input type="checkbox"/> Electrical	_____	<input type="checkbox"/> Raised Floor	_____
<input type="checkbox"/> Elevator/Escalator	_____	<input type="checkbox"/> Roofing	_____
<input type="checkbox"/> Equipment Vendor	_____	<input type="checkbox"/> Security	_____
<input type="checkbox"/> Fencing	_____	<input type="checkbox"/> Specialties Vendor	_____
<input type="checkbox"/> Fire Protection	_____	<input type="checkbox"/> Structural Steel	_____
<input type="checkbox"/> Fire stopping	_____	<input type="checkbox"/> Telecommunication	_____
<input type="checkbox"/> Fireproofing	_____	<input type="checkbox"/> Waterproofing	_____
<input type="checkbox"/> Furnishings Vendor	_____	<input type="checkbox"/> Other	_____

General Description of Work Activities:

Enter general description of work here

Comments:

Enter comments here

Submitted By: _____
(Contractor/Vendor Representative)

Reviewed By: _____
(Engineering Representative)

Date: _____

Approved By: _____
(Property Manager)