

## CHARLOTTE CARILLON BUILDING ACCESS FORM

Property Management Office Phone # (704) 714-1100

Security Office Phone # (704) 333-5374

Email to [carillon.access@hines.com](mailto:carillon.access@hines.com)

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