

CHARLOTTE CARILLON BUILDING ACCESS FORM

Property Management Office Phone # (704) 714-1100

Security Office Phone # (704) 333-5374

Email to erik.mischker@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) FIRE WATCH REQUIRED? Yes <input type="checkbox"/> No <input type="checkbox"/>
Project Manager:	Superintendent:	Foreman:	IF YES TO ANY OF THE ABOVE AN APPROVED FIRE/LIFE SAFETY SYSTEM IMPAIRMENT REQUEST MUST BE ON FILE BEFORE DISABLING FACP POINTS
PM Mobile No. /Radio ID:	Supt. Mobile No. /Radio ID:	Foreman's Mobile No. /Radio ID:	

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

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