

# CONSTRUCTION WORK PERMIT



## GENERAL INFORMATION

CITY PERMIT NO. \_\_\_\_\_ SPL PERMIT \_\_\_\_\_

TENANT \_\_\_\_\_

TENANT CONTACT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

FLOOR(S) \_\_\_\_\_ CF CONTACT \_\_\_\_\_

DATE \_\_\_\_\_

## CONTRACTOR/SERVICE PROVIDER INFORMATION

COMPANY \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CELLULAR \_\_\_\_\_ EMAIL \_\_\_\_\_

## PROJECT INFORMATION

DURATION FROM \_\_\_\_\_ TO \_\_\_\_\_

HOURS OF WORK FROM \_\_\_\_\_ TO \_\_\_\_\_

APPROX. SQ. FT. \_\_\_\_\_

SUMMARY OF WORK \_\_\_\_\_

\_\_\_\_\_

- ALL trades MUST be unionized
- A comprehensive list of ALL trades, names of workers expected on site, and emergency contact numbers must be attached to this permit form
- Email form to [cfconnect@cadillacfairview.com](mailto:cfconnect@cadillacfairview.com) for processing

### FOR OFFICE USE ONLY

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

ADDITIONAL INFO  INSURANCE  WSIB  DWGS.  CONTACT SHEET

DISTRIBUTION  OPERATIONS  SECURITY & LIFE SAFETY  SPL MANAGEMENT

COMMENTS \_\_\_\_\_