

YONGE CORPORATE CENTRE

SERVICE WORK PERMIT

GENERAL INFORMATION

TENANT _____

TENANT CONTACT _____ TELEPHONE _____

FLOORS(S) _____ DATE _____

CONTRACTOR/SERVICE PROVIDER INFORMATION

COMPANY _____

CONTACT _____ TELEPHONE _____

CELLULAR _____ EMAIL _____

PROJECT/SERVICES(S) INFORMATION

DURATION FROM _____ TO _____

HOURS OF WORK FROM _____ TO _____

SUMMARY OF WORK _____

ACKNOWLEDGEMENT

TENANT SIGNATURE _____ CF SIGNATURE _____

NAME _____ NAME _____

- ALL trades MUST be unionized
- A compressive list of ALL trades, names of workers expected on site and emergency contact numbers must be attached to this permit form
- Email form to laura.cobham@cadillacfairview.com and gino.ditomasso@cadillacfairview.com

<p>FOR OFFICE USE ONLY</p> <p>RECEIVED BY _____ DATE _____</p> <p>DISTRIBUTION _____</p> <p>COMMENTS _____</p>
