

**PROJECT**  
CONSTRUCTION WORK NOTICE & ACCESS  
375 BEALE STREET

**MINIMUM 24 HOUR ADVANCE NOTICE REQUIRED**

DATE \_\_\_\_\_  
BUILDING \_\_\_\_\_ 375 Beale Street  
PROJECT \_\_\_\_\_  
LOCATION \_\_\_\_\_  
DESCRIPTION \_\_\_\_\_

	<b>ACCEPT</b>
PROPERTY MANAGER _____	
CHIEF ENGINEER _____	
INSURANCE _____	

	NAME	CONTACT
Project Manager		
On-Site Superintendent		
On-Site Labor Foreman		
On-Site Loading Dock Foreman		

The following is a list of contractors who will require building access to the above reference space on the following date and times:

CONTRACTOR	DATE/TIME	FLOOR/ SUITE	ONSITE CONTACT (Name & Phone)	EMERGENCY NUMBER

PROJECT REQUIREMENTS	NO	YES	DESCRIPTION
Engineering Department	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disable Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	_____
Life Safety System Off-Line	<input type="checkbox"/>	<input type="checkbox"/>	_____
Special Elevator Arrangements	<input type="checkbox"/>	<input type="checkbox"/>	_____
Additional Security	<input type="checkbox"/>	<input type="checkbox"/>	_____

**NOTES/COMMENTS:**

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