

PERIMETER SUMMIT
AUTHORIZED ACTIVITY REPORT

*Contractor/Tenant shall complete the following details and return to Building Management 24 hours prior to request time.
All after hours work requires this signed activity report documentation.*

CBRE, INC.	
Phone: 770-481-3100	Fax: 770-481-3113

Attention (check all that apply):

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Sr. Real Estate Manager | <input type="checkbox"/> Engineering Manager | <input type="checkbox"/> Janitorial |
| <input type="checkbox"/> Real Estate Manager | <input type="checkbox"/> Engineering | <input type="checkbox"/> Security |

Tenant: _____ Building: _____ Suite #: _____

Date Clearance Needed: _____ Time: _____ (am/pm) to _____ (am/pm)

Contractor/Vendor: _____ Contact: _____

Phone #: _____ Fax #: _____ Mobile: _____

Subcontractors: _____

Description of Work:

****All work requiring disabling of fire equipment must be performed after hours.**

Do you need overtime HVAC? Yes No Time: Beginning _____:_____ Ending _____:_____

(Additional charges will apply at the current rate)

Do you need Smoke Detectors Disabled? Yes No Time: Beginning _____:_____ Ending _____:_____

Do you require dock access? Yes No (Contact management office to schedule a time)

Freight Elevator Use? Yes No (Contact management office to schedule a time)

Arrival Time: _____ Departure Time: _____

****No heat generating devices allowed without property management prior approval**

Tenant Authorization: _____ Date: _____

Bldg Mgmt Authorization: _____ Date: _____

Engineering Authorization: _____ Date: _____

Certificate of Insurance (required) On file Attached