

31 West 52nd Street Construction & Overtime Access Request

Submit to Property Management by 2:30 pm on weekdays as well as Friday for the Weekend.

Tenant Fills Out This Portion:		Contact Name: _____	
ACCESS INFORMATION:		Contact Number: _____	
Tenant: _____		Is an engineer required? Y <input type="checkbox"/> N <input type="checkbox"/>	
Date of Access: _____		Is access to other tenant space required? Y <input type="checkbox"/> N <input type="checkbox"/>	
Contractor: _____		If so, which tenant? _____	
Subcontractor: _____		Is a security officer required? ** Y <input type="checkbox"/> N <input type="checkbox"/>	
Floors Accessed: _____		Is freight elevator service required? * Y <input type="checkbox"/> N <input type="checkbox"/>	
Time of Access: _____		Freight Hrs. From: _____	
# of Workers: _____		Freight Hrs. To: _____	
Reminder: Certificates Of Insurance For Contractors Must Be On File With PMO Prior To The Start Of Work.		Description of Work: (attach additional sheets if necessary) _____	
ACCESS REQUIREMENTS:		_____	
<input type="checkbox"/> Mechanical/HVAC Room		_____	
<input type="checkbox"/> Electrical Closet		_____	
<input type="checkbox"/> Telephone/Com closets		_____	
CONTRACTOR WORK INVOLVES:		Location of Work (N/S/E/W, Office #, Etc): _____	
<input type="checkbox"/> Sprinklers		_____	
<input type="checkbox"/> Fire Alarm System		_____	
<input type="checkbox"/> Pre-Action System (Floors 3,4,8,9 & 19)		_____	
<input type="checkbox"/> Welding/Sweating of Pipe		_____	

* Freight elevator operations require a 32 B&J operator to operate the elevator. Tenant will be charged for the operator's time outside of business hours.

Security Officer Use Only:		**Request for security must be at a minimum of 48 hours notice, if not an OT charge will be incurred*	
	Officer 1	Officer 2	
Security Post(s): _____	_____	_____	Location Code: _____
S/O Name & Rank: _____	_____	_____	
Start Time/Finish Time: _____	_____	_____	Straight Time: <input type="checkbox"/>
Total Hours: _____	_____	_____	Overtime: <input type="checkbox"/>

Management Office Use Only:		Are Completed Insurance Certificates in Place? Y <input type="checkbox"/> N <input type="checkbox"/>	
		Does Neighboring Tenant need To Be Notified? Y <input type="checkbox"/> N <input type="checkbox"/>	
		Has Neighboring Tenant Approved? Y <input type="checkbox"/> N <input type="checkbox"/>	
		Who is Neighboring Tenant Contact? _____	
Notes: _____		Date and time Property Management received form: _____	

Approvals:		By signing this access request, Tenant accepts all building labor charges as it applies to this work.	
			Date
Tenant Facilities Management Approval	_____	_____	_____
Engineering Approval	_____	_____	_____
Fire Safety Director Approval	_____	_____	_____
Property Manager Approval	_____	_____	_____