

# AUTHORIZED ACTIVITY REQUEST

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

Nightingale Realty  
332 Minnesota St. Suite W120  
Phone: (651) 225-3666 Fax: (651) 222-4158

Location of Work: \_\_\_\_\_ Suite: \_\_\_\_\_ Floor: \_\_\_\_\_

Date of Work: \_\_\_\_\_ Time: \_\_\_\_\_

Contractor/Vendor: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Pager: \_\_\_\_\_

Subcontractors: \_\_\_\_\_

**Description of work:**

_____ Demolition	_____ Painting/Spraying	_____ Wall Construction
_____ Electrical	_____ X-Raying	_____ Furniture Move
_____ Plumbing	_____ Sanding	_____ Fire System Work
_____ Carpet		

Other: \_\_\_\_\_

Do you need smoke detectors disabled?	Yes___ No___	Time: Start: ___:___ End: ___:___
Do you need fire alarms placed on standby?	Yes___ No___	Time: Start: ___:___ End: ___:___
Do you need extra ventilation?	Yes___ No___	Time: Start: ___:___ End: ___:___
Do you require dock access?	Yes___ No___	Contact 651-225-3655 to schedule.
Special elevator service?	Yes___ No___	Contact 651-225-3666 to schedule.

*This permit must be returned upon completion of work to Building Security.*

**Notification Copies:**

Property Manager: \_\_\_\_\_ Engineering: \_\_\_\_\_ Security: \_\_\_\_\_