Property Management Office Phone: <u>704-412-3086</u> E-Mail Form To: <u>vantagedocs@spectrumcos.com</u>

VANTAGE SOUTH END - ACCESS REQUEST FORM

This form is for vendors that need access to the building (daily, weekly, bi-weekly, quarterly, annually,etc.)

This form must be completed and submitted 48 hours in advance of any requested work efforts within the Vantage South End facilities. All forms must be legible and filled out in their entirety before further form processing will be considered. Any forms not meeting these standards will be discarded and access will be denied. If during the course of the work effort the scope changes or extends beyond what is reflected on the **approved** access form, engineering must be notified before work continues and non-approved deviations may result in work being stopped. A current COI must be on file at all times.

| Along with this ac the access reques | | a signed copy of receipt and | acceptance of the | Vantage | South End | building rules must be sub Daily Access | _ | | | |
|--|---|---|----------------------|--------------------------------|------------------|---|----------------------------|--|--|--|
| Tenant Approval | proval Date | | | | Recurring Access | | | | | |
| Te | enant Infor | mation | <u></u> | | | Contractor/Vendor Access I | Information | | | |
| Work Date | Start | End | | /A ro ou | _ | | | | | |
| Work Window | Start | End | | Floors/Areas Access Request | | | | | | |
| Contact Name (Tenant) Comp. | | | any Name | | | | | | | |
| E-Mail (Tenant) | | | -Site Contact Person | | | | | | | |
| Phone Number | | | Phor | Phone Number | | | | | | |
| | , | Detailed Description of Work | or Reason for Req | uested A | ccess | | | | | |
| | | | | | | n | | | | |
| | | cess Requestors MUST Answer \ med (i.e. welding, soldering, pipe | | | | Section below is to be che property management pe | | | | |
| heat guns, etc)? Will any "Sprinkler | <u>* Hot Work P</u> r System" rei | Permit REQUIRED Iocation, testing, modifications, o | O , | YES YES | No No | FACP DEACTIVATIO | ON REQUIRED? | | | |
| system construction work efforts take place? Will any "Fire Alarm Control System" device relocations, testing, modifications, | | | | YES | No | YES FIRE WATCH RE | · | | | |
| or general system work efforts take place? Will any core drilling, hammer drilling, sanding, spray applications (i.e. painting, Zolatone, insulate on etc) work efforts take place? | | | | | No | FACP (RED) LOG S YES | No HEET REQUIRED? No | | | |
| Will any power swe shop vacuuming, s | eeping, pres steam cleani | ssure washing, hard surface grinding, heavy common area dusting | , construction | YES | No | HOT WORK PERMIT YES | | | | |
| • | • | ing and sweeping be performed? | | | | *************************************** | | | | |
| Will any mechanical work efforts take place that include, the removal or handling of pressurized gases (i.e. refrigerant recovery), filter replacements, fluid draining, pneumatic work, restaurant hood maintenance, etc? | | | | | No | MSDS SHEETS R | REQUIRED? No | | | |
| installation of floor | r coverings, | ncludes the additions of walls, do relocation of moveable walls, or i to any fixed fire alarm system no | relocation of | YES | No | CERTIFICATE OF INSO | URANCE ON FILE? | | | |
| Will any electrical work including energizing of new circuits or equipment, breakers/panels, rough ins, tie ins, under raised floors, above ceiling, generator maintenance (i.e. load banking, maintenance runs), battery or battery string maintenance, shuffling of high energy electrical loads (i.e. UPS, PDU, Power Wrap, Power Tie Operations) take place? | | | | | No | Property Management | t Approval Date | | | |
| Is there any engine | eered drawin | ngs stamped, approved, and perm stallations shall take place without buil | | YES | No | Property Management | Date | | | |
| Will any chemicals paints, stains, refri sheets if requested pr | be used? (i. igerants, con rior to access i | .e.) solvents, glues, cleaners, lub npounds, etc Contractor/Vendor form approval. | must provide MSDS | YES | No | | | | | |
| * If " yes" to any of the above, coordination must be made with the engineering department and additional processing time may be required. ** Should work effect adjacent or below occupied space, additional security may be required. | | | | | | | | | | |
| Security authorized to allow contractor access to your suite? If no, requestor will be required to escort contractor/vendor to work area Use of Loading Dock required? | | | | | | | | | | |
| Yes | No |] | Yes | | No | Times Needed: | | | | |
| Yes Service | Access to Service Elevator Required? Yes No Special Provisions Needed: | | | | | | | | | |
| After-Hours HVAC | Needed? <i>A</i> | dditional charges may be assesse | ed per lease. | | | | | | | |
| Yes | No | Times Needed: | | | | | | | | |

| | Dhana Niveshau | | Alt Dhana Numbar |
|---|---|---|--|
| Supervising GC/Contractor [Shift 1] | Phone Number | E-Mail | Alt. Phone Number |
| Supervising GC/Contractor [Shift 2] | Phone Number | E-Mail | Alt. Phone Number |
| | de do contro e | tor Participants I | |
| d names, numbers, emergency contact number- o-contractor. This will pertain to projects and cousess form document be filled out in full to incluses detail what days/times specific vendors wi | onstruction that involves n de work scope and descri | nore than (1) participant. It ption per Vendor/Sub-Cont | is of the absolute importance that the |
| Vendor/Sub-Contractor Name WORK SCOPE | Contact Person | Phone Number | Alt. Phone Number |
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| Vendor/Sub-Contractor Name | Contact Person | Phone Number | Alt. Phone Number |
| WORK SCOPE | | | |
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| Vandar/Sub-Contractor Name | Contact Person | Phone Number | Alt Phone Number |
| Vendor/Sub-Contractor Name WORK SCOPE | Contact Person | Phone Number | Alt. Phone Number |
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| WORK SCOPE Vendor/Sub-Contractor Name | Contact Person Contact Person | Phone Number Phone Number | Alt. Phone Number Alt. Phone Number |
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| WORK SCOPE Vendor/Sub-Contractor Name | | | |
| WORK SCOPE Vendor/Sub-Contractor Name WORK SCOPE | Contact Person | Phone Number | Alt. Phone Number |
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| Vendor/Sub-Contractor Name | Contact Person | Phone Number | Alt. Phone Number |
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| Vendor/Sub-Contractor Name | Contact Person | Phone Number | Alt. Phone Number |
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