

## NORMANDALE LAKE OFFICE PARK TELEPHONE ROOM PERMIT

Permit *Must* Be Received by Management Office 24 Hours in Advance to Allow Access

(FILL OUT \* REQUIRED : PLEASE PRINT)

*Tenant Name:		
*Contractor Performing Work:		
*Telephone # of Contractor:		
*Installation to be Performed:	Date:	Time:
Lead Installer/Technician Name:		

*Tower where work is to be performed:	8000   8200   8300   8400   8500 <small>(circle one)</small>
Floor(s) impacted by work to be performed (list all known floors)	
Scope of work to be performed? _____	
_____	
_____	
_____	

### INSTALLATION INFORMATION

Will building riser pairs be used or cross-connects removed? If so, document the pairs impacted.	Yes	No
Will additional horizontal or vertical penetrations be required? If yes, note location of the penetration in the yes column.	Yes	No
Will new cables be installed leaving the riser closet? If yes, label the bundles with the tenant name, suite #, to and from detail and date of installation (see Engineer if labels are needed).	Yes	No
Will fire stop systems be impacted by the scope of work? If yes, replace with approved fire stop systems as per building standard.	Yes	No

Building Engineer Checking Permit:	
Date:	
CSS Review:	
Date:	
Reviewed By:	