

499 PARK AVENUE

CONSTRUCTION ACCESS REQUEST FORM

499 Park Avenue
Property Management Office
New York, NY 10022

Office Hours: Mon-Fri (8 AM – 5 PM)
Main Line: (212) 759-9200
E-mail: 499parkavenue@hines.com

Today's Date: ___ / ___ / ___

Floor: _____ Tenant Name: _____

Contractor(s) Name: _____

Contractor(s) Email: _____

Start Date: ___ / ___ / ___ End Date: ___ / ___ / ___

Start Time: _____ End Time: _____

PLEASE SELECT ACTION:

Contractor Access Freight Elevator Domestic Water Shut Down

Fire Watch Sprinkler Drain Down Smoke Shut Down

Smoke Purge *Freight Elevator Operator (indicate hours needed) _____

*24-hour advanced freight cancellation notice is required. Otherwise minimum 4-hour charges will apply

Other (explain) _____

Description of Work:

List Name & Company for those requiring access to the building:

Authorized Tenant Approval: _____

Building Management Use Only: Sprinkler Drain Down Isolate Floor Fire Alarm System
 Isolate Domestic Water Supply BMS C/W Electrical Fire Watch
Deactivation Date: _____ Deactivation Time: _____
Reactivation Date: _____ Reactivation Time: _____