



TO BE FILLED OUT BY SECURITY ONCE WORK COMPLETED

WORK COMPLETION DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

## BUILDING ACCESS REQUEST (BAR)/WORK PERMIT FORM

**Form Purpose:** To request building access, scheduling of services, contractor work, deliveries, and moves.

**All requests are required to be submitted a minimum of three (3) business days in advance of the access date.** If tenant notification is required because work might be disruptive (noisy, requires access to tenant space, etc.) at least two (2) weeks' notice is required to schedule services.

**E-MAIL COMPLETED BAR FORM AND COI TO ALIIPLACE@AVISONYOUNG.COM**

**Submittal of this form does NOT guarantee approval to proceed.** The Management Office will confirm via email once access is approved.

REQUESTER'S CONTACT INFORMATION			
Company:		Location (Floor, Suite, Area):	
Name & Email:		Tel #:	
INSURED'S CONTACT INFORMATION (vendor, contractor, person or company who will access)			
Company:		Onsite Contact & Tel #:	
Access Date(s):		Start/End Timeframe:	
Reason for Request: <small>(Check all that apply)</small>	<input type="checkbox"/> Suite Access <input type="checkbox"/> Cabling <input type="checkbox"/> *Freight Elevator <input type="checkbox"/> Move-In <input type="checkbox"/> *Loading Dock <input type="checkbox"/> Move-Out <input type="checkbox"/> Electrical Closet <input type="checkbox"/> Other	Description of services (Must include vehicle info for loading dock, floors or suite numbers requiring access, etc. Include a per-day schedule as-needed for longterm projects.):	
<b>For Cabling Installation/Removal:</b> <input type="checkbox"/> Remove <input type="checkbox"/> Install <input type="checkbox"/> Relocate <input type="checkbox"/> Test <input type="checkbox"/> Survey Cable Type (96 strand plenum, 36 count fiber, etc): _____ Floor Run starts: _____ and ends on: _____ <input type="checkbox"/> Reviewed Requirements for Telecom/Cabling Lines & Equipment <small>**A separate Cable Installation/Removal Form must be approved by Building Management before the BAR form for building access will be approved.</small>			

**\*Loading Dock & Freight Elevator Open Monday-Friday from 8:00am-11:30am & 1:30pm-4:00pm. (CLOSED M-F from 11:30am-1:30pm)**  
 Sat/Sun CLOSED, but ok with Management approval. Loading dock is located on Alakea Street. Height clearance is 13'0".

For Tenant Move-In / Move-Out: Please notify Building Management a minimum of ten (10) business days prior to your scheduled move date. This will prevent conflicts and allow time to plan for the required, routine walk-thru with Building Management. Please furnish your moving company with a copy of the Move-In/Move-Out Guidelines and Building Rules & Regulations to familiarize them prior to your move.

*All contractors and vendors performing work within the Alii Place property are required to provide evidence of insurance coverage satisfactory to the Landlord, including, without limitation, naming Landlord as additional insured on all liability policies. You are responsible for all acts or negligence of your contractors and vendors and you will indemnify, defend and hold the Landlord harmless from all claims arising from any of your acts or negligence and/or any acts or negligence of any of your contractors, vendors, agents and employees.*

*Landlord shall, in no case, be liable for damages for any error with regard to the admission to or exclusion from the Alii Place property of any person(s). Additionally, the admission of your contractors and vendors within Alii Place shall not be construed as a waiver of any rights of the Landlord to specifically enforce the terms of your lease and/or signed rules and regulations.*

**Please contact Building Management at [aliiplace@avisonyoung.com](mailto:aliiplace@avisonyoung.com) to acquire a copy of our Vendor Insurance Requirements or other related forms and guidelines.** All related forms and COI requirements are also available on our building website at [www.aliiplace.com](http://www.aliiplace.com) under Services > Forms. Building Management holds the right to deny building access to any vendor or contractor who does not hold a Certificate of Insurance (COI) meeting such requirements and/or to turn away any personnel from accessing the loading dock or freight elevator without advanced approval from the Building Management Office.

\_\_\_\_\_  
 Authorized Representative Signature

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

REQUIRED ITEMS FOR BUILDING MANAGEMENT USE ONLY			
<input type="checkbox"/> Safety Data Sheet	<input type="checkbox"/> Fire Protection Plan	<input type="checkbox"/> Building Rules & Regs	<input type="checkbox"/> COI:
<input type="checkbox"/> OSHA & Safety Program	<input type="checkbox"/> M.E.P Plan & Permit	<input type="checkbox"/> Cabling Requirements	<input type="checkbox"/> Contract:
<input type="checkbox"/> PPE's	<input type="checkbox"/> Hot Works Permit	<input type="checkbox"/> Move In/Out Guidelines	<input type="checkbox"/> P.O. #:
<input type="checkbox"/> Job Safety Analysis	<input type="checkbox"/> HazMat Containment	<input type="checkbox"/> Escort Required	Approved by: _____
<input type="checkbox"/> LEED Requirements	<input type="checkbox"/> Parking Validation	<input type="checkbox"/> Memo / Notification	
<input type="checkbox"/> Proper Barricades & Signs		<input type="checkbox"/> Building Calendar	