

Above Ceiling Permit (E0C-38)

(*THIS PERMIT IS REQUIRED TO BE POSTED ON THE JOBSITE AT ALL TIMES*)

(THIS PERMIT ISSUED BY BIDMC LIFE SAFETY TECHNICIAN)

(PLEASE PRINT PERMIT IN LANDSCAPE MODE)

Permit Start Date _____ Permit End Date _____ CTS # _____

Contractor Representative Contact Information

Contractor _____ Contractor Email _____
 Contractor Phone _____ Contractor Signature _____ (electronic signature accepted)

BIDMC Contact Information

BIDMC Contact Name _____ BIDMC Contact Email _____
 BIDMC Contact Phone _____

Scope of Work/Location of Work

| Campus Information | | | Nature of Activity | Comments |
|--------------------|--|-----------------|--------------------|----------|
| Primary Building | | Primary Floor | | |
| Secondary Building | | Secondary Floor | | |
| Tertiary Building | | Tertiary Floor | | |

Comments

BIDMC USE ONLY

Permit # _____

| Permit Authorization | Project Sign Offs |
|----------------------|----------------------------|
| Authorized By: _____ | Contractor Signature _____ |
| Date: _____ | Inspector Signature _____ |