

Riser Permit

Centennial Lakes Office Park

Contractor Name: _____
 Telephone number of contractor: _____
 Work performed for (end user name): _____
 Date of installation: _____
 Installer/technician name: _____

Building Number	7701	7650	7601	3601	3600
	(Circle One)				
Floor(s) affected by work to be performed: (list all floors)					
What is the scope of work to be performed?					

Date/Time Key checked out & staff initials: _____ Date/Time Key Returned: _____

Post installation information:		
Were building riser pairs used?	Yes	No
If yes above note pairs used:		
Were additional horizontal or vertical penetrations installed through fire wall in riser?	Yes	No
If new horizontal or vertical penetrations were installed, were proper fire stop materials installed?	Yes	No
Are the cable bundles labeled with customer name, date installed, to and from information on all impacted floors?	Yes	No
Were existing firestop materials impacted by this installation?	Yes	No
If yes, were they replaced properly?	Yes	No

Checked by: (Building Engineer/Security)	
Date:	
CSS review:	
Date:	
Reviewed by:	