

# OVERLOOK III

## AUTHORIZED ACTIVITY REPORT

Contractors shall complete the following details and return to Building Management 24 hours prior to request time.  
ALL AFTER HOURS work requires this signed activity report documentation.

Overlook III - Property Management Office  
2859 Paces Ferry Road, Suite 495, Atlanta, GA 30339  
Phone: 770-319-8900 - E mail: [overlook@goddard-group.com](mailto:overlook@goddard-group.com)

Attention (check all that apply):

- |  |  |                                     |                                      |
|--|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Property Manager    | <input type="checkbox"/> Engineering Manager | <input type="checkbox"/> Janitorial | <input type="checkbox"/> Dock Master |
| <input type="checkbox"/> Asst. Property Mgr. | <input type="checkbox"/> Engineering         | <input type="checkbox"/> Security   |                                      |

Tenant and Suite Number: \_\_\_\_\_

Date of Project: \_\_\_\_\_ Start Time \_\_\_\_\_: \_\_\_\_\_: Ending Time: \_\_\_\_\_: \_\_\_\_\_

Contractor/Vendor: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Mobile: \_\_\_\_\_

Subcontractors: \_\_\_\_\_

- |                      |  |  |  |
|----------------------|--|--|--|
| Description of Work: | <input type="checkbox"/> Demolition                                      | <input type="checkbox"/> Painting/Spraying   | <input type="checkbox"/> Wall Construction |
|                      | <input type="checkbox"/> Electrical                                      | <input type="checkbox"/> X-Raying            | <input type="checkbox"/> Furniture Move    |
|                      | <input type="checkbox"/> Plumbing  | <input type="checkbox"/> Sanding             | <input type="checkbox"/> HVAC Installation |
|                      | <input type="checkbox"/> Fire System Modification (Strobes, Smokes, etc) | <input type="checkbox"/> Carpet Installation |  |
|                      | <input type="checkbox"/> Other special Instructions:                     |  |  |
|                      |  |  |  |

Do you need Smoke Detectors Disabled? ☐ Yes ☐ No Time: Beginning \_\_\_\_\_: \_\_\_\_\_: Ending \_\_\_\_\_: \_\_\_\_\_:

Do you require dock access? ☐ Yes ☐ No (Contact management office to schedule a time)

Freight Elevator Use? ☐ Yes ☐ No (Contact management office to schedule a time)

Certificate of Insurance ☐ Tenant has provided with AAR ☐ Liability Statement

Tenant Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Bldg Mgmt Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor / Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Special Notation:** Below please provide the name of the employee, their access card number, and a direct contact number (cell phone) of the employee who will be on site during this project.

Name: \_\_\_\_\_ Access Card Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_