

**OVERLOOK II**  
**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 II - Property Management Office**  
**2839 Paces Ferry Road, Suite 190, 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:** \_\_\_\_\_