



CORNELL MANAGEMENT CORP.
Real Estate Management & Development

REQUEST FOR APPROVALS

Name: _____

Date: _____

Address: _____

E-Mail: _____

Phone: _____

Best Time to Contact you: _____

Description of Work to be Performed (use reverse of sheet if needed):

Who will be performing work: _____

Licensed: YES ___ NO ___

License Number: _____

Insured: YES ___ NO ___

Policy Number: _____

Certificate of Insurance Attached: YES ___ NO ___

Expected Start Date: _____

Expected Completion Date: _____

Documents Required

No Permits Required: _____

Building Permit: YES ___ NO ___

Permit Received: _____

Plumbing Permit: YES ___ NO ___

Permit Received: _____

Electrical Permit: YES ___ NO ___

Permit Received: _____

Comments: _____

Board of Trustees Approval

Date