

Form Number
<i>YY - Number</i>

Number
Assigned
By Facilities

Instructions: The requestor should complete this form through STEP 3 to request one or more of the following: a change of use, additional space, special funding, work estimated over \$1,000, or any project requiring building code review. Signatures of Chair, Dean/Director must be obtained on all requests. VP signature required for change of use, additional space, projects above \$5,000, and any project which requires funding outside departmental or school level. Contact University Facilities (x3239) if you would like assistance.

1) Description of the Project

Reason

- | | |
|--|--|
| <input type="checkbox"/> To renovate/revise existing space | <input type="checkbox"/> To request additional space |
| <input type="checkbox"/> To change the use of space currently assigned | <input type="checkbox"/> Other _____ |

Project Title: _____

Location of Project (Bldg/Floor/Rm): _____

Description of Request & Intended Use of Space (nature of work, square feet, fixed and moveable equipment, etc.)

Please attach additional comments and sketch you feel would be helpful in completing this project including special equipment considerations

Name, phone and email of Contact Person with Details _____

Justification or Reason for Request (reasons and factors that make the project necessary):

2) Project Scope Checklist

Please complete this checklist to the best of your ability to aid others' understanding for estimating and for approvals. If you are not certain about the information, please leave the space blank. (Indicate with an "X" if you think it may be needed)

Architectural Considerations:

- Will walls be modified?
- Will new walls be added?
- Is furniture needed?
- Are new finishes/furnishings being considered? (wallpaper, paint, ceramic tile, carpets, drapes, etc.)
- Will the project affect exterior of building?

Mechanical Systems Considerations

- Are changes to heating and ventilating required?
- Is additional air conditioning required?
- Are stills/boilers/water softeners required?
- Are special temperature/humidity controls required?

Utility Considerations

- Is additional electricity/lighting required?
- Is emergency power/uninterrupted power supply required?
- Is a fire suppression system or alarm required?
- Is an additional water supply required?
- Are additional lines or floor drains required?
- Is either compressed air or steam required?
- Are there new natural gas requirements?
- Are there new audio/visual requirements?
- Are there new telecommunication requirements?
- Are there new Data/Network requirements?
- Other _____

3) Requestors Estimated Project Cost

(Please call Facilities x3239 if you would like assistance. DO NOT contact outside contractors)

- \$0 - 1,000
- \$1,001 - 5,000
- \$5,001 - 10,000
- \$10,001 - 20,000
- \$20,001 - 50,000
- \$50,001 - 100,000
- \$100,000+

Desired Construction Completion Date (Do not use ASAP) MM/DD/YY _____

Facility Available for Construction From: _____ To: _____

Expected Source of Funding _____

4) Reviews and Approvals

	Name	Dept.	Date	Phone	APPV	DISAPV	HOLD
Project Requestor	_____	_____	_____	_____	_____	_____	_____
Director of Academic Chair	_____	_____	_____	_____	_____	_____	_____
Dean	_____	_____	_____	_____	_____	_____	_____
Vice President	_____	_____	_____	_____	_____	_____	_____

Steps 6 Through 8 for Administration Use Only

5) Forward to Facilities Department for Estimate and Review Only

Facilities Estimate: Total Estimated Cost \$ _____ See Estimate Cost Sheet for Details

Reviewed by EOHS Director _____ Date _____

Reviewed by Director of Facilities _____ Date _____

Project Type

- Pre-Construction
- New Building
- Utilities Improvement
- Bid
- Purchasing
- Major Remodeling
- Repairs & Minor Renovation
- Building Addition
- In-House Design

6) Action

Space Utilization Group (Request Assignment/Change or Renovation of Space) APPV DISAPV HOLD _____

Space Utilization Chair: _____ Date _____

Reason for Hold/Comments:

Campus Planning Committee (For Projects Which Affect the Exterior Environment and/or Projects over \$100,000)

Campus Planning Chair: _____ Date _____

Reason for Hold/Comments:

7) Assignment of Account Number

Confirmed Source of Funding _____ Approved Budget \$ _____ Acct #: _____

VP for Finance and Administration: _____ Date: _____

Signature