



Request for Facilities Modification - Estimate/Approval Form

Required For All: Remodeling, additions, rehabilitation, change to the usage of facilities, new equipment connections, or any changes that affect electrical, data, plumbing, HVAC, existing equipment, or buildings.

PLEASE ALLOW 30 DAYS, FROM THE DATE RECEIVED BY CONSTRUCTION SERVICES, FOR A RESPONSE

Project Description:

Requestor: _____ Date: _____

Location of work: _____

Requested Project Details: Please Include Photos, Equipment Specifications and/or Other Information as Needed

Intended Use of Space/Equipment: _____

Proposed Funding Source/Budget #: _____

SEND TO SUPERVISORS FOR APPROVAL FOR ESTIMATE

Approval for Estimate

Requestor's Supervisor: _____ (Print Name)

Recommend DoNotRecommend _____ (Sign/Date)

Area Vice President: _____ (Print Name)

Recommend DoNotRecommend _____ (Sign/Date)

VP Administrative Services: _____ (Print Name)

Recommend DoNotRecommend _____ (Sign/Date)

SEND TO CONSTRUCTION SERVICES

Construction Services Estimate

Rough Cost Estimate \$ _____

DSA Review/Approval Required? Yes No Environmental Permitting Required? Yes No

Other Comments: _____

Completed by: _____ (Print Name)

Sign & date: _____

CONSTRUCTION SERVICES WILL SEND ESTIMATE TO: REQUESTOR, SUPERVISOR, DEAN, V.P. ADMINISTRATIVE SERVICES

Approval by VP Administrative Services to proceed with Project:

VP Administrative Services: _____ (Print Name)

Approved to Proceed _____ (Sign/Date)

Budget Number: _____