



PROJECT REQUEST FORM

The information below is needed to process your Project Request Form. It will assist in scope definition, budget estimating, prioritization, approval and initiation of design and construction projects. Please describe only one project per form, and complete as much of the form as possible to fully describe your proposed project. If you need assistance in completing this form, contact Paul Ewer at 621-1730. Project must be approved by your Associate Director prior to submitting to Operations for estimating and prioritization.

SUBMITTED BY: Date Submitted:
Department:
Name of person completing form:
Contact person/phone#:

GENERAL PROJECT INFORMATION:
Building No. Building Name:
Room No. Floor:
Approximate floor area (Gross Sq. Ft) of project:
Current Occupants:
New Occupants:
Approximate No. of Occupants in project area:
Type of work: Interior remodel Change of use Exterior const. Other

IS PROJECT BUDGETED? YES NO

If not budgeted are department funds available for project? YES NO
Department fund source account no.

GENERAL PROJECT DESCRIPTION SUMMARY:
[Blank lines for description]

Why is project needed (Objectives/Justification)?

Impact if project is not authorized:

Preferred construction scheduling: Spring Fall Summer Other

Construction impact issues to ongoing operations: _____

DESCRIPTION OF IMPROVEMENTS:

Please complete the following information to describe the scope and nature of your proposed project. Mark N/A on portions that do not apply and leave questions that you cannot answer blank. If there are multiple rooms with varying conditions, please clarify with comments or attached additional information. **Please attach any available drawings or sketches that illustrate needed improvements.**

FLOOR COVERING

Remain as is: _____

Replace with: _____ Vinyl Tile _____ Carpet _____ Other

Comments: _____

WALL SURFACES

Remain as is: _____ Repaint: _____ Special Treatment: _____

Comments: _____

CEILING SURFACES

Remain as is: _____

Replace with: _____ New Ceiling Tiles _____ Hard Surface _____ Other

Comments: _____

ELECTRICAL

Remain as is: _____

Replace/Add: _____ Relocate Fixtures _____ Provide New Fixtures _____ New Electrical Outlets _____

Additional Power _____ Special Equipment _____ Emergency Power _____ Other

Comments: _____

PLUMBING

Remain as is: _____

Replace/Add: _____ Relocate Fixtures _____ Add New Fixtures _____ Other

Comments: _____

HEATING/AIR CONDITIONING

Remain as is: _____

_____ Revise for New Configuration _____ Revise to Improve Comfort Level _____ Special
Temp/Humidity Requirements _____ Individual Controls _____ Special Filtration Requirements
_____ Special Exhaust Requirements _____ Other

Comments: _____

SECURITY

Remain as is: _____

Replace with: _____ Keyed entry _____ Key pad _____ Card reader _____ Other

Comments: _____

COMMUNICATIONS

Remain as is: _____

Replace/Add _____ New Phone Stations _____ New Phone Lines _____ New Data Connections
_____ Other

Comments: _____

WINDOW COVERINGS

Remain as is: _____

Replace with: _____ Vertical Blinds _____ Drapes _____ Other

Comments: _____

ACOUSTICS

List any special requirements: _____

OTHER FINISHES

List any special requirements: _____

FIXED EQUIPMENT (Wall cabinets, Exhaust Hoods, etc..)

List any special requirements: _____

MOVEABLE EQUIPMENT (Refrigerators, Freezers, etc...)

List any special requirements: _____

PROJECT ENDORSEMENT: _____
Signature of Requestor Date

Signature of Assoc. Director Date

Submit completed and signed Request form to the Operations Supervisor, Admin rm 403

PRELIMINARY BUDGET ESTIMATE: (Operations Use Only – Do not Write In This Box)

Estimated By: _____ Date: _____ Estimate: \$ _____