Renovation/Construction Services Request Facilities Planning & Management

Signature of Unit Head

For FPM Use

Date General Information	Rc'd
General Information	
Name Phone #	
Department E-mail Address	
TOGATION OF PLOIEGE	on Schedule Requested illity of Facilities Planning & Management staff
Building Start Date:	
Room # Finish Date:	
Funding Reas	son for Request
Funding Source: Requestor's Estimate: Upda	te/revise existing space
College/Department \$ 0 - 1,000 Chai	nge use of space currently assigned
Grant \$1,001 - 5,000 Requ	uest additional space
Facilities \$5,001 - 10,000 Insta	ıll equipment
Other (specify) \$10,001 - 25,000 Spec	ial project, grant, etc.
\$25,001 - 50,000 Othe	r
\$50,001 - Above	
Project Scope	
Please complete checklist to the best of your ability. If you are uncertain about an ite Check all that apply:	m, please leave the space blank.
Will walls be modified or added? Will ceiling be modified? Will a Are new finishes requested? (paint, tile, carpet, drapes, etc.) Be not selected to the modified or added? Will a Will	ighting be modified or added? additional electricity be needed? new data/computer/network requirements eeded? ew equipment being added? r
Description of Request & Intended Use of Space Attach additional comments or diagrams as needed. Be as specific as possible.	
Justification or Reason for Request	
Attach additional information as needed. Be as specific as possible.	
Reviews and Approvals	
Jnit Head (Print or type) Date Dean/Administrative Head (Prin	nt or type) Date

Signature of Dean/Administrative Head