

## 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:**

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Why is project needed (Objectives/Justification)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Impact if project is not authorized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Preferred construction scheduling: \_\_\_\_Spring \_\_\_Fall \_\_\_\_\_Summer \_\_\_\_Other

Construction impact issues to ongoing operations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### WALL SURFACES

Remain as is:\_\_\_\_\_ Repaint:\_\_\_\_\_ Special Treatment:\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### CEILING SURFACES

Remain as is:\_\_\_\_\_

Replace with: \_\_\_\_\_New Ceiling Tiles \_\_\_\_\_Hard Surface \_\_\_\_\_Other

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### ELECTRICAL

Remain as is:\_\_\_\_\_

Replace/Add: \_\_\_\_\_ Relocate Fixtures \_\_\_\_\_Provide New Fixtures \_\_\_\_\_New Electrical Outlets \_\_\_\_\_ Additional Power \_\_\_\_\_Special Equipment \_\_\_\_\_Emergency Power \_\_\_\_\_Other

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### PLUMBING

Remain as is:\_\_\_\_\_

Replace/Add: \_\_\_\_\_Relocate Fixtures \_\_\_\_\_Add New Fixtures \_\_\_\_\_Other

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### SECURITY

Remain as is:\_\_\_\_\_

Replace with: \_\_\_\_\_ Keyed entry \_\_\_\_\_Key pad \_\_\_\_\_Card reader \_\_\_\_\_Other

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### COMMUNICATIONS

Remain as is:\_\_\_\_\_

Replace/Add \_\_\_\_\_ New Phone Stations \_\_\_\_\_New Phone Lines \_\_\_\_\_New Data Connections \_\_\_\_\_Other

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### WINDOW COVERINGS

Remain as is:\_\_\_\_\_

Replace with: \_\_\_\_\_Vertical Blinds \_\_\_\_\_Drapes \_\_\_\_\_Other

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### ACOUSTICS

List any special requirements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### OTHER FINISHES

List any special requirements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

List any special requirements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

List any special requirements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PROJECT ENDORSEMENT**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Signature of Requestor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature of Assoc. Director Date

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

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| --- |
| PRELIMINARY BUDGET ESTIMATE: (Operations Use Only – Do not Write In This Box)  Estimated By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimate: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |