

New Construction, Renovation, and Demolition, Approval Form

Park: _____ Date Submitted: _____ Submitted by: _____

Superintendent Approval: _____ District Superintendent Approval: _____
Initial & Date Initial & Date

Project Description with Justification: _____

(Attach as needed)

Estimated Total Cost: _____ Funding Source: _____
(Fund Account Numbers)

How will work be accomplished?

Force Account: _____% Informal Contract: _____% Other: _____%

RMR Form completed?

(Attach Resource Management Review Form)

Does this project require DOI and SCO review? _____ Yes _____ No

Will design assistance be required? _____ Yes _____ No

Project identified in a GMP? _____ Yes _____ No

Project listed on the PEP List? _____ Yes _____ No

Project Review with Park Advisory Committee? _____ Yes _____ No

Comments: _____

(Attach as needed)

Documents Attached: Site Map _____ Design Sketch _____ Specs _____

Review & Approvals

Review, Comment, Sign, and Forward (Attach as needed)

Chief of Maintenance: _____
Initial & Date

- ☐ Approved
☐ Not Approved (See attached)

Chief of Construction: _____
Initial & Date

- ☐ Approved
☐ Not Approved (See attached)

Superintendent of State Parks: _____ Director: _____
Initial & Date Initial & Date

- ☐ Approved
☐ Not Approved (See attached)

- ☐ Approved
☐ Not Approved (See attached)

Comments: _____