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'—~1 ›~“Ž OE•1 Ž šž ž ce• ce•› ž OE•'~— ce

,PSRUWDQW 1RWLFH WR \$OO 8VHUV
7KH SXUSRVH RI WKLV IRUP LV WR SURYLGH D V\ VWHPDWLF ;
,QWHQW FRQVWUXFWLRQ VHUYLFHV IRU WKH 800-800-8000 300-800-8000 RMRXW
2UG

7+,6)250 ,6 72 %(86(')25 \$// 0,125 352-(&7 5(48(676 :,7+287

8VHU ZLOO LQLWLDWH SURFHVV E\ FRPSOHWLQJ WKH 0LQRU 3URM
GRZQORDGHG IURP WKH)DFLOV WLVSHV ZDZQIDJXPQGHWDZHLGDLWLFHV
3ULQW DQG REWDLQ DOO U\$S SURYRORUVJURDOLVHGQRWRWK WKH
WKH 3URYRVW 9LFH 3UHVLGHQW
6XEPLW H[HFHWHG 035) YLD FDPSPXV PDLO WR 'HVLJQ &RQVWUXP
3URWRFROV

*HQHUDO &RPSOHWLQJ DOO ILHOGV ZLWK D OLJKW EOXH EDFNJURXQG LQ WK
,QVWUXFWLRQ (VWLPDWH RI 3UREDEOH &RQVWUXFWLRQ &RVW ZLWK \RX SULRU W

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Step:

REQUESTED BY:
REQUESTOR'S EMAIL:
PHONE #:
DEPARTMENT NAME:
PROJECT NAME:
CAMPUS:
FACILITY:

Minor Project/Permit Number:

Purchase Order (PO):

SERVICES
REQUESTED:
Please check all
applicable boxes.

Other
(Describe Services
Needed)

DESCRIPTION OF
WORK AND
PROPOSED USE
(Identify room numbers
for area of work or
change of use):

Building Number:
Building Name:
Rooms/Area:
Current Use:
Proposed Use:

DESCRIBE
EQUIPMENT, HAZARD
AND/OR SERVICES
REQUIRED FOR
INSTALLATION:
Provide catalogue
cuts for specialized
equipment, including
power requirements,
and environmental
control requirements.

Other:

\$ -

Project Approval

Print Name:

Signature:

Dean/Director

Date:

Approved by
Print Name:

Signature:

9 L F H 3 U H 3 U Q M R W W

Date:

Space Committee Approval

Approved by:

Vice President of Research
(where applicable)

'HVLJQ &RQVWUXFWLR
0LQRU 3URMHFW
8VHIXO 'HILQLW

8VHIXO GHILQLWLRQV LQ SODQQLQJ \RXU SURMHFW

0\$,17(1\$1&(\$1' 5(3\$;*HQHUDOO\ LQFOXGHV WKH XSNHHS RI HG)

5(129\$7,218SJUDGLQJ H[LVWLQJ IDFLQLWLHV E\ LQVWDOODWLR
HTXLSPHQWV DIHG RFFXSDQF\ RI WKH VSDQHWKUDWPSIRO\WLKQVRI
EHLQJ UHQRYDWHG PXVW EH EURXJKW LQWR FRPSOLDQFH ZLW
UHQRYDWLRQ DGYHUVHO\ LPSDFWV WKH H[LVWLQJ OLIH VDIHW