



**Facilities Modification – New Construction Application**

**Campus:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Date required:** \_\_\_\_\_

The following items must be completed and submitted through your Cabinet Level Supervisor before any facility modification will be made. District personnel with information and knowledge of this modification need to be consulted. Conceptual approval is required prior to submittal to Maintenance for final cost estimation. Please complete all items.

1. Provide a written description of work to be done (Please include a floor plan/site plan and highlight specific area(s) needing work and any additional documents as needed (ie. photos etc.)).

\_\_\_\_\_ 2.  
 Provide a justification for the desired modification to the site. Use additional sheet if necessary.

\_\_\_\_\_ 3.  
 Date that construction can start \_\_\_\_\_ at what times can it be performed? \_\_\_\_\_ 4. What are the additional needs in this modification? ADA, Lighting, Switches, Electrical outlets, HVAC, Telephone, Intercom, Data outlets, Video outlets, Chalkboards, Cabinets, Flooring, Water, Drains?

\_\_\_\_\_ 5.  
 Please provide estimated cost and proposed funding source \_\_\_\_\_ 6. Who is responsible for long term upkeep, repair or replacement \_\_\_\_\_ 7. Is this a one time or continuing cost? \_\_\_\_\_ 8. Name of all personnel that assisted in this application

\_\_\_\_\_ 9.  
 Who is the designated contact person? \_\_\_\_\_ 10.

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_ 11.

Principal/Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 12. Cabinet Level

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Direct Supervisor for respective Principal/Director)

Chief Operations and Technology Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Time estimate for construction _____	Cost estimate for work _____
Equipment Est. _____	Furniture _____ Misc. _____
Method of Funding. Please check one and provide budget code.	
<input type="checkbox"/> Maintenance/Engineering <input type="checkbox"/> Facilities Bond Funding <input type="checkbox"/> Donation <input type="checkbox"/> Campus Activity <input type="checkbox"/> Other _____	
<b>Budget Code</b> _____	
Final Funding Approval _____ Date _____	

