

SPACE ALLOCATION REQUEST

DIRECTIONS:

- Submit a Space Allocation Request for any project or program change requiring a change in space use or type.
- Complete Sections A, B, and C for all requests
- Forward to your Division Chair / Director, Dean or Division VP for authorization
- Forward completed form to AVP Campus Planning & Facilities for review and routing for final approval.

A. REQUESTOR INFORMATION

| | | |
|-----------------------|----------------|------------------|
| Requesting Dept/Unit: | | Date of Request: |
| Contact Name: | Contact Phone: | Contact Email: |

B. CURRENT / EXISTING SPACE

Provide building name and room number(s). Attach concept drawings/floor plans. Contact Laura Kowalski, x95263 for PDF floor plans. It is not necessary to provide detailed plans as PCS will determine feasibility, code issues, and engage architectural services where needed.

Building Name:

| <i>Please list below all room numbers impacted by this change (Attach additional spreadsheet as required)</i> | | | PCS USE ONLY | |
|---|----------------------|-------------|--------------|-----|
| Room Number | Current Owner/Holder | Current Use | HEGIS Code | ASF |
| | | | | |
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C. REQUEST TO CHANGE FUNCTION OF SPACE *(Attach additional sheets or supporting information as required)*

Description of proposed change:

Justification:

| | |
|---|---|
| If space is currently occupied by another department, have you contacted current holder of the space? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | Do they support the concept? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| When is space needed? | Will any current space be vacated? <input type="checkbox"/> YES <input type="checkbox"/> NO |

| <i>Please list below all room numbers impacted by this change (Attach additional spreadsheet as required)</i> | | | AEC USE ONLY | |
|---|-----------------------|--------------|--------------|-----|
| Room Number | Proposed Owner/Holder | Proposed Use | HEGIS Code | ASF |
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IF RENOVATION OF THE SPACE IS NEEDED, PLEASE COMPLETE A PROJECT REQUEST FORM (PRF-2014.1).

D. AUTHORIZATION SIGNATURES (Signatures indicate agreement that the space request should be investigated, not approved)

| | | |
|--|---------------------|--------|
| Div. Chair / Director: | Name: | Date : |
| Dean / VP: | Name: | Date: |
| REVIEWED AVP CP&F | Brendan Bowen | Date: |
| APPROVED Provost <input type="checkbox"/> | Dr. Michael Crafton | Date: |
| APPROVED VPBF <input type="checkbox"/> | James Sutherland | Date: |
| Comments: | | |