

University of Michigan-Dearborn

Facilities Project Request Form

See <http://www.umd.umich.edu/dept/facilplan/WebSite03/Projectrequests.htm> for detailed instructions on completing this form.

* = Required Field, ° = Attach additional sheets if necessary.

Requestor *:	Project Contact Name *:
Requesting Department *:	Requestor's Campus Address *:
Requestor's Phone *:	Requestor's Fax *:
Project Location (Building & Room) *:	Available Project Funds *:
Desired Project Completion Date	

Brief Project Description *(Attach sketch if available)* °

Project Requirements *(Check all that apply for each category)*

Space Requirements

- Remodel Existing Space
 Need Additional Space

 New
 Existing (Room# _____)
- Who Owns Space? _____
 Is space committed for this purpose? Yes No

Building Layout (Changes to:)

- Partitions / Walls
 Doors
 Ceilings
 Windows

Equipment / Fixtures (Please define / describe equipment in "Brief Project Description" section, or attach catalog page °.)

- Install
 Remove
 Relocate
 Fixture = Chalkboard, Bulletin Board, Attached Coat Rack, Etc.

Furniture

- New Furniture Purchase
 Design Layout
 Relocate

 To Another Space
 Reconfigure
 Refurbished

 Dispose

Utilities

- HVAC (Heating, Ventilation & Air Conditioning)
 Electrical
 Plumbing
 Telecom/Data (Telephone, Computer, AV, Cable)
 Other (Compressed Air, Gas, etc.)

Lighting

- Modify
 New

Finishes

- Floors (Specify)

 Carpet
 Walls (Specify)

 Tile
 Paint
 Ceilings
 Window Coverings (Blinds, Shades)

Signage

- Interior
 Exterior
 Exact Text °: _____

Security

- Locks / Access Control
 Intrusion Detection
 Theft Protection
 Other

Safety & Environmental

- Research / Lab. Facilities
 Chemical/Gas /Oil Storage
 Air Emission Sources
 Eye Wash
 Other
 Hazardous Industrial Waste Handling
 Elevator Renovation
 Cleaning Operations
 Equip./Systems Discharging Water/Waster Water
 Soil Erosion Sediment

Site

- Utilities
 Landscaping
 Access

 Roadways
 Sidewalks
 Parking Lots
 Buildings

Account	Fund	Org.	Subclass	Program	Proj./Grant
Authorized Individual (Print Name) *:			Signature & Date *:		

Note: Total costs will include all applicable design, construction, equipment, and regulatory fees.

Internal Use Only	Project #:	Date Received:	Project Lead:
Campus Safety/OSEH	ITS	Facilities Planning	Facilities Management
			Converted

**Please Return completed form to: Office of Facilities Planning, 1143 Administration Building.
 Questions? req4fp@umd.umich.edu or call: x35045**