



BUILDING MODIFICATION REQUEST FORM

College/Department: _____ Initiator Name _____ Initiator Title _____ Initiator Email _____ Initiator Phone No. _____	Project No. <i style="font-size: small; text-align: center;">assigned by FP&C</i> Building: _____ Room No: _____
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STEP 1 – REQUEST

SPACE ANALYSIS

1. What type of area does this project affect?

<input type="checkbox"/> Classroom Space	<input type="checkbox"/> Laboratory Space	<input type="checkbox"/> Other Space: _____
<input type="checkbox"/> Office Space	<input type="checkbox"/> Circulation Space	<input type="checkbox"/> Outdoor Space

2. What department is the primary user of this space? _____

3. Do other departments use this space? If so, which and when? _____

4. If this space is a classroom or laboratory, what is the weekly utilization in hours? _____
(please contact Space Planning Coordinator for most up to date information at ext. 2102 or facilities_inventory@angelo.edu)

5. Has a Space Allocation and Alteration Request Form (SAARF) been completed? If needed: Yes No
<https://www.angelo.edu/services/facilities-inventory/space-allocation-and-alteration-request-form/>

CONCEPT

6. This modification is requested to satisfy criteria concerning:

<input type="checkbox"/> Campus Master Plan	<input type="checkbox"/> Building Code/TAS	<input type="checkbox"/> Other Legislation
<input type="checkbox"/> THECB 60x30TX	<input type="checkbox"/> SACS	<input type="checkbox"/> Other Accreditation

Please address each satisfied criteria and/or other effects that this modification will obtain. *(Attach additional page if necessary)*

7. This request includes a change to and/or additional (check all that might apply):
**classroom technology includes projectors, podiums, etc.*

<input type="checkbox"/> Lighting	<input type="checkbox"/> Electrical/Power	<input type="checkbox"/> Heating/Cooling
<input type="checkbox"/> Ventilation	<input type="checkbox"/> Food Service Equipment	<input type="checkbox"/> Classroom Technology*
<input type="checkbox"/> IT Data/Network	<input type="checkbox"/> Access Control (e.g., keypad)	<input type="checkbox"/> Other Technology
<input type="checkbox"/> Modular Office Furniture	<input type="checkbox"/> Signage	<input type="checkbox"/> Other Furnishings

8. Please describe in specific detail what you are requesting. If possible, include photographs or sketches.

Attach additional page(s) if necessary



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SERVICE

9. What service is the initiator CURRENTLY needing for this building modification? *Check all that might apply*

Scope Development

Cost Estimate

Project Execution

STEP 2 – FUNDING

- Are funds available? Yes No
- Account Information: Number: _____ - _____ Name: _____
- What is the amount available? _____

STEP 3 – APPROVAL

Account Financial Manager (signatory authority on account)

Signature: _____ Name: _____
 Approve Title: _____
 Disapprove Date: _____

Appropriate Dean and/or Department Director

Signature: _____ Name: _____
 Approve Title: _____
 Disapprove Date: _____

Director of Business Services (Space Planning)

Signature: _____ Name: _____
 Approve Disapprove Date: _____

Director of Budget

Signature: _____ Name: _____
 Approve Disapprove Date: _____

Vice President or President

Signature: _____ Name: _____
 Approve Disapprove Date: _____

Once all sections are complete and all signatures are obtained, please forward completed form to Facilities Planning and Construction (FP&C).