



Facilities Modification Request (FMR)

All proposed Modifications to College Facilities must be submitted for approval using this form (Remodeling, Additions, Rehabilitation, Change to the Usage of Facilities, New Equipment Connections, or any Changes that affect Electrical, Data, Plumbing, HVAC, Existing Equipment or Buildings).

PROJECT LOCATION

Campus:

Building:

Room #: _____

REQUESTOR

Contact Name:

Date:

APPROVAL FOR ESTIMATE

☐ YES ☐ NO

Supervisor – Signature:

Date:

VP of Administrative Services - Signature:

Date:

DEFINE SCOPE OF WORK (Be Specific, Provide Product/Equipment Specifications and Images as needed)

Check all that apply:

DESCRIBE IN DETAIL:

- ☐ Paint
- ☐ Carpet
- ☐ Cabinetry removal
- ☐ Wall removal
- ☐ Infill an existing door
- ☐ Electrical
- ☐ Data
- ☐ Plumbing
- ☐ Demo
- ☐ Abatement
- ☐ Other

CONSTRUCTION SERVICES ESTIMATE

Rough Cost Estimate:

Comments:

Signature:

Date:

- ☐ Yes ☐ No DSA Required
☐ Yes ☐ No Hazmat Required

APPROVAL TO PROCEED

Budget Number:

Funding/Install Deadline:

VP of Administrative Services – Signature:

Date: