

# The University of West Florida Construction Project Request Form

AEP1

Project number \_\_\_\_\_

Instructions: The requestor should complete step 1-2 and forward the request to the office of Architectural and Engineering Services in building 90 (x2007).

## 1 Description and Justification of Request:

Project Title: \_\_\_\_\_

Location of Project: (Bldg/Floor/Room/other) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Description and justification of Request:

Urgency of project: \_\_\_\_\_ urgent \_\_\_\_\_ immediate need \_\_\_\_\_ estimate for planning purposes  
Requested by: \_\_\_\_\_ Date \_\_\_\_\_ Bldg/Location: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

---

(Please attach additional comments or sketch you feel would be helpful)

## 2 Project Scope Checklist:

Please complete this checklist to aid others' understanding for estimating and for approvals. If you are not certain about the information, please leave the space blank. (Indicate with an "X" if you think it may be needed.)  
Project Manager will assist to further define scope.

### Building Additions/Modifications (requires approval signatures in steps 5-7):

New Space	Space Modification
Space Renovation	Building Exterior (specify)

### Maintenance/Fire/Security/Safety (requires approval signatures in step 6):

Electrical	Plumbing	Interior/exterior Lighting
Fire Alarm/Security	Swipe card	

### Environmental Health and Safety (requires approval signatures in step 7):

Environmental	ADA
Plan Modification	Life Safety

### Utilities and Infrastructure (requires approval signatures in step 8):

HVAC/controls	Underground Utilities	Telecom/Data
---------------	-----------------------	--------------

### Grounds/Landscaping and Roads/Parking/Sidewalks (requires approval signatures in step 5 and 6):

Landscape Care	Irrigation	Lighting
Erosion Control	Signage	Road/Sidewalks/Parking lots

**INTERNAL USE ONLY****3 Preliminary Estimate Provided User/Requestor:**

**Architectural and Engineering Services contacts user to discuss request and preliminary scope.**

Preliminary meeting and date: \_\_\_\_\_ Contact: \_\_\_\_\_

Date Forwarded: \_\_\_\_\_ To contact: \_\_\_\_\_ Amt \$: \_\_\_\_\_

Items provided to contact person:

drawing/sketch \_\_\_\_\_ estimate form \_\_\_\_\_ email confirmation \_\_\_\_\_

cut sheet information \_\_\_\_\_ written scope of work \_\_\_\_\_ other \_\_\_\_\_

**4 Requestor Decision to Continue or Discontinue Process:**

Requestor: \_\_\_\_\_ decides to (continue) or (discontinue) – circle one.

Reason (if declined) \_\_\_\_\_ Date: \_\_\_\_\_

Desired Construction Completion Date (Do not use ASAP) MM/DD/YY \_\_\_\_\_

Expected Source of Funding (account name and number) \_\_\_\_\_

**5 Space Utilization:** Reviewed by Space Manager: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Date:** \_\_\_\_\_

Comments: \_\_\_\_\_

**6 Maintenance/Fire/Security/Safety:**

A. Reviewed by Maint: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

B. Review by Environmental Conservation and Beautification Committee member: \_\_\_\_\_

C. Review by Fire/Security/Safety: \_\_\_\_\_

D. Review by Telecommunications: \_\_\_\_\_

Comments: \_\_\_\_\_

**7 Environmental Health and Safety Review:**

A. Reviewed by : \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

**8 Utilities and Infrastructure:**

Reviewed by : \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

ITS Review by: \_\_\_\_\_ Date: \_\_\_\_\_ Funding: Yes or No

Account Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Comments: \_\_\_\_\_

**9 Administrative Approval:**

Total Estimated Cost \$ \_\_\_\_\_ (*See breakdown of estimated costs*)

Reviewed by : \_\_\_\_\_

Comments: \_\_\_\_\_

**10 Review and Approvals of Fiscal Agent:**

Chair/Director \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Account Authorization : \_\_\_\_\_

CC: Vice President: \_\_\_\_\_

**11 Assignment of Funding/Account number:**

Approved Budget \$ \_\_\_\_\_ Account Number: \_\_\_\_\_ Bus.Mgr. Initials \_\_\_\_\_

Account type: \_\_\_\_\_

Fiscal Year Project Scheduled: \_\_\_\_\_ Account Name: \_\_\_\_\_

Assoc. V.P. for Facilities Development and Operations \_\_\_\_\_

(signature)

(date)