



# FLORIDA POLYTECHNIC UNIVERSITY

## Space Impact Request Facilities and Safety Services

Date:	
Requestor:	Requestor Dept:
Phone:	Email:
Supervisor's Signature:	

Reason for Request (please provide details e.g. type of equipment (model #), electric, plumbing or ventilation required, etc.)

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Estimated Cost:
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Source of Funds (Chartfield):
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**SIGNATURES BELOW ARE REQUIRED PRIOR TO REVIEW AND IT DOES NOT IMPLY APPROVAL OF THE REQUEST**

Dean/Director (please print)	Phone No.
Signature	Date
Vice President (please print)	Phone No.
Signature	Date

**MAKE SURE ALL AFFECTED PARTIES FOR SPACE (Interior or Exterior) ARE NOTIFIED**

Please return completed form to: [facilities@flpoly.org](mailto:facilities@flpoly.org)

Request Granted \_\_\_\_\_

Request Denied \_\_\_\_\_

## **SPACE IMPACT REQUEST FORM**

### **INSTRUCTIONS**

The goal here is to indicate overall, long-term implications of a project, especially those regarding three main issues: (1) Will it change the inventory classifications of rooms (e.g. classrooms to offices or teaching labs to research labs)? (2) Will it change the numbers of rooms by dividing individual rooms into separate ones or by combining rooms? And (3) Will it alter the “budget entity” that is using any of the spaces involved (for example, from E&G to C&G or AUX)?

Technical details will become relevant later, when and if the project is implemented (e.g. air conditioning, lighting, electrical wiring, etc.). By contrast, what should be outlined now is only enough information to clarify the project and allow a determination of answers to questions like those mentioned.

When completed, the form should be e-mailed to the Chair or Unit Head and then to the Dean or Director for approval and signature and then forwarded to the VP over the requesting department. Once all signatures are obtained, please send the request to: [facilities@flpoly.org](mailto:facilities@flpoly.org).

**RESULT OF REVIEW**

**Approved**

**Facilities Reviewer 1:**

**Date:**

**Remarks:**

**RESULT OF REVIEW**

**Approved**

**EH&S Reviewer 2:**

**Date:**

**Remarks:**