

UNIVERSITY PLANNING, DESIGN & CONSTRUCTION

Request for Project Services Project requests will be reviewed and evaluated by F&S and UPDC

Submit all project requests to fsupdc.requestps@utoronto.ca

Α	PROJECT INFORMATION						
	Applicant:				Application Date:		
	Desertement						
	Department:						
	Primary Contact Person:			Phone Number:		Email:	
	Building Name and Number:			Affected Floors:		Affected Room Number(s):	
	Proposed Project Name:						
	Purpose and Expectations of this Project:						
	(Describe scope of work with as much detail as possible. Attach drawings, photos, other relevant information)						
В	PROJECT COST						
	Anticipated Project Budget:			Anticipated Donation or Grant:			
С	SCHEDULE						
	Requested Project Start Date:						
	Are there schedule constraints driving the schedule?:						
	When do you want to be using this space?:						
D	PROJECT COMPONENTS CHECKLIST						
U	List A - General (mandatory):						
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	Architectural Landscape Structural Heritage		Classroom Office		1	Has this area been renovated via a grant or within the last 5 years?	
	Mechanical		Lab			If lab, has EHS been contacted?	
	Electrical			Demolition		Other:	
	List B - Specific (complete if possible):						
	Exterior Envelope		Roof Replacement			Phone	
	Loss of Parking	Audio / Visual			IT / Data		
	Lab Equipment	Furniture			Security		
	Office Equipment	Floor Finishes Replacement		ment	Hazardous Material Abatement		
	Specialty Equipment Occupa			ccupant Load Change		Bio-Safety Containment Upgrade	
	Lighting Replacement		Accessibili	ity Upgrades			
	Change of Use From:		То:				
Е	APPLICANT SIGNATURE						
	Name (please print):				Title:		
	Signature:				Date:		
F	CHAIR / DEAN APPROVAL						
	Name (please print):				Title:		
	Signature:				Date:		
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