**Space Occupancy (Condition A) Site Licence (Condition B) Parking (Condition C)**

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| --- | --- | --- | --- |
| [ ]  Request to Occupy Central University  Space  | [ ]  Request to Lease Space Off Campus | [ ]  Request to Temporarily Occupy  (Long-Term) |  |
| [ ]  Return Space to Central University | [ ]  Request to Rent UofT Space to an  External Client | [ ]  Request to Permanently Occupy |  |

|  |  |
| --- | --- |
| **A** | **PROJECT NAME:** |
| **B** | **IDENTIFY THE SPACE** |
|  | Building Name and Address: | Room Number(s): | Total NASMs:  |
|  | Current Occupant (Department of Faculty) | Primary Contact Person: | Phone #: |
|  | [ ]  Central University |  |  |
|  |  What is the current use of the space?  |
|  |  Why is the space being released? |
|  |  Requested Release Date: |
|  |  What will the condition of the room/s be upon release? [ ]  Vacant, no occupant [ ]  Empty, no furnishings |
|  | Are there any environmental issues which must be addressed prior to the reallocation of the room?[ ] Yes [ ] No -> if so, please explain:  |
| **C** | **FUTURE OCCUPANT –** Please submit CaPS Form #1 if a project is required for the identified space |
|  | Department /Faculty OR External Client | Primary Contact Name: | Phone #: |
|  | [ ]  Central University |  |  |
|  | Will the space continue to be used for its current purpose? [ ]  Yes [ ]  No If not, please explain: Occupancy Date: |
| **D** | **EQUIPMENT INVENTORY** For Conditions (A) or (B) - IF Applicable, MUST be completed, reviewed and signed prior to submission |
|  |  [ ]  Incoming | [ ]  Outgoing |
|  |  Please list all equipment, either of the University or the Leasee, entering or exiting the leased space (attach additional page if necessary): |
|  | **Reviewed and Approved by Director of Utilities, Facilities & Services** |
|  | Print Name: | Signature: | Date: |
|  | **PROJECT NAME** (Page 2 Continued)**:** |
| **E** | **CHEMICAL INVENTORY** ForConditions (A) or (B) - IF Applicable, MUST be completed, reviewed and signed prior to submission |
|  | [ ]  Incoming | [ ]  Outgoing |
|  | Please list all chemicals (to be used / that were used) by the Leasee in the leased space (attach additional page if necessary): |
|  | **Use of biological agent(s):** [ ]  Yes [ ]  No **Radioactive material(s):** [ ]  Yes [ ]  No **Hazardous Waste Management****Plan in Place:** [ ]  Yes [ ]  No  | **Reviewed and Approved by Director of EHS:**Print Name:Signature:Date:   |
| **F** | **INFORMATION FOR SPACE LICENCE AGREEMENT** |
|  | **Annual rental cost: $** | **Annual operating cost: $** |
|  | **Rental period from:** | **Rental period to:**  |
| **G** | **FINAL AUTHORIZATION & SUBMISSION** (to be signed by Principal, Dean, Chief Librarian, Vice-President, designate) |
|  | I have reviewed the above request and have confirmed that the proposal is consistent with divisional and/or departmental plans |
|  | **(A) DIVISION RELEASING SPACE****(B) LICENSOR****(C) OWNER** |  | **(A) DIVISION OCCUPYING SPACE****(B) LICENSEE****(C) RENTER / BUYER** |
|  | Print Name:  |  | Print Name: |
|  | Position: |  | Position: |
|  | Signature |  | Signature |
|  | Date:  |  | Date: |
|  | [ ]  Approval Authority, or [ ]  Designate |  | [ ]  Approval Authority, or [ ]  Designate |
| **H**  | **CaPS APPROVAL**  | CaPS#: |  | Approval Date: |  |