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

|  |  |  |  |
| --- | --- | --- | --- |
| 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: | | |  |