



SPACE REQUEST FORM

UNIVERSITY OF PITTSBURGH
Department of Planning

For FM USE ONLY:

Job Number: _____

Date Assigned: _____

By: _____

1 GENERAL INFORMATION

Original Request

Revised Request

School/Department: _____

Project Client/Advocate: _____

Person Preparing Request: _____

Preparer's Phone: _____

Preparer's Email: _____

Date _____

2 PROGRAM/PLANNING INFORMATION:

Building/Location: _____

Floor(s): _____

Room#(s): _____

Existing Use: _____

Proposed Use: _____

Existing Area (SF): _____

Proposed Area (SF): _____

Will Temporary Relocation Be Necessary? Yes No

(Refer to Space Tool)

Desired Completion/Occupancy Date: _____

Request Estimate Only: Yes No

3 PROJECT DESCRIPTION: (What is required and why is it required?) - Attach additional material/equipment requirements if necessary.

4 Any Special Space Considerations:

5 FUNDING SOURCE:

Do you have an estimated cost or budget? Yes No

What is your estimated cost or budget? _____

Source: Dept

Provost / SR. V.C.

Grants / Gifts

Account Number (if known) _____

Account Name (if known) _____

Are temporary relocation costs included in the estimate? Yes No

6 APPROVALS:

Business Manager: _____

Signature/Title

Print Name

Date: _____

Department Head: _____

Signature/Title

Print Name

Date: _____

Other: _____

Signature/Title

Print Name

Date: _____

V.P./Provost: _____

Signature/Title

Print Name

Date: _____

7 SUBMIT COMPLETED FORM TO: Lauren McConnell, Planning+Design+Construction For further questions regarding completion of this form please call 383-4283

For Division of Administration and Finance Use ONLY:

Capital

Renovation

EGD

Planning

Project Title: Bldg _____

Abbreviated Title: _____

Name: Dept. _____

Bldg #: _____

Assigned: _____

Dept: _____

Assigned To: _____

Resource: _____

Space Request Form Instructions

Please fill out **Section 1** with your School or Department information.

In **Section 2** fill out the Building and Location including the room number(s) where the project will be performed. Planning can fill in the square foot area sections so you do not need to fill in these blanks. Please do check if there is a need for temporary accommodation of any activities or occupants. Also mark if you are requesting an estimate and the desired completion date.

Section 3 should include a description of the requested project. If you have any specific requirements for the space, such as number of seats or special equipment needs, they should be included in this description. Feel free to add additional pages if you cannot fit all of your information in the box. Also note if any of the rooms are centrally owned or are shared with other department(s) that may need to be consulted.

Section 4 can be filled out by Planning unless you are aware of any specific hazardous materials. Any hazardous laboratory chemicals should be listed here.

For now you can ignore **Section 5** as there will be no need for funds at this point.

Have the Department Head and Business Manager sign the form authorizing the project in **Section 6**.

Section 7 will be filled out by Planning.