



Shasta College

FACILITIES MODIFICATION REQUEST FORM

Dean, Director, Supervisor Requesting Modification: Name _____
 Phone Number: _____ Date: _____
 Location of Modification: Building _____ Room/Area _____
Dates to be entered after request is approved
 Date Area is Available for Modification _____ Requested Completion Date _____
 Source of Funding _____
 Account Code Required for Modification Cost _____

Please provide a drawing of the modification with this request to include the preferred points of location for phones, electrical and computers. Our Physical Plant Division can assist you with the drawing, call 242-7920.

Please provide a reason why this modification is necessary and a brief description of the project:

Is this request identified in your current Annual Area Plan as an initiative? _____

Signature of Dean/Director/Supervisor: _____ **Date:** _____

Vice President Signature indicating review by Instructional, Administrative Services, or Student Services Council: _____ **Date:** _____

Once your respective Council has reviewed this request, submit this form and any drawings or other documentation to the Facilities Planning Committee for an estimated cost for the requested modification. When appropriate, this request may be forwarded to the Sustainability Committee or the Land Use Subcommittee for any considerations and/or recommendations prior to an estimate being completed.

Chair of Sustainability Committee or Land Use Subcommittee signature indicating review:

_____ **Date:** _____

Recommendation of Sustainability Committee or Land Use Subcommittee:

Estimated Cost for requested Modification: *Note: The costs for materials are in effect on date of estimates and are subject to change without notice by the suppliers.*

Trades	Cost Estimate <i>Materials or Contract</i>	Time Estimate	Prepared by <i>Name & Date</i>
Carpentry			
Electrical			
HVAC			
Technology			
Keys/Locks/Hardware			
Painting			
Plumbing			
Floor Covering			
Engineering (Contract)			
Permit Application			
Total			
Contingency (10% X Total)			
Grand Total:			

Once the estimated costs are completed, the Dean/Director/Supervisor will be notified of the estimate by a representative from Physical Plant. If the work is to be completed, the account code for any modification costs will be required prior to the work being initiated.

Reviewed by Facilities Planning Committee on _____:

Chair Name: _____ Signature: _____

Recommend Approval: (Yes) (No)

Recommend Review by Administrative Cabinet or District Board: (Yes) (No)

Comments:

Administrative Cabinet or District Board:

Name: _____ Signature: _____

Approved: (Yes) (No) Assigned Priority Number _____