

**UNT HEALTH SCIENCE CENTER  
CONSTRUCTION FORM\***

*\*Form to be attached with the Space Approval Form*

Request Date: \_\_\_\_\_

Requesting Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Department Director/Chairman Signature

Phone Number: \_\_\_\_\_

**CONSTRUCTION / RENOVATION**      **BUILDING:** \_\_\_\_\_ **ROOM/SUITE** \_\_\_\_\_

Description of Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Source of Funds: HEAF  LOCAL  CHART STRING: \_\_\_\_\_

Type of Space: Research  Office  Clinical  Teaching

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**Will This Request Require:**

**Yes / No**

- |  |       |
|--|-------|
| 1. Additional space                                    | _____ |
| 2. Additional telephone / computer equipment or wiring | _____ |
| 3. Moving furniture and equipment                      | _____ |
| 4. Purchase of new furniture or equipment              | _____ |
| 5. Consideration of patient care needs                 | _____ |
| 6. Consideration of biomedical research                | _____ |
| 7. Move or purchase AV equipment                       | _____ |
| 8. Additional security                                 | _____ |

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***REQUIRED APPROVAL FOR ESTIMATE***

\_\_\_\_\_  
Appropriate Dean or Vice President

\_\_\_\_\_  
Provost

***\* Please Complete All Of The Above Prior To Submitting To the Space Committee with the Space Approval Form \****

*Facilities Department Use Only*

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***FINAL APPROVAL FOR CONSTRUCTION START AND BUDGET TRANSFERS***

\_\_\_\_\_  
**ESTIMATED COST:**

\_\_\_\_\_  
Seth Willmoth, AVP for Facilities Mgmt & Svs

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**The request and all design documentation has been reviewed and approved by the following:**

Exec. Director of Facilities \_\_\_\_\_  
Assoc. Director of Construction \_\_\_\_\_  
Business Manager \_\_\_\_\_  
Project Manager \_\_\_\_\_

Utilities & Energy Mgmt \_\_\_\_\_  
Safety Office \_\_\_\_\_  
Telecom \_\_\_\_\_  
IT \_\_\_\_\_