

UNT HEALTH SCIENCE CENTER

CONSTRUCTION FORM*

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

Request Date: _____

Requesting Department: _____

Contact Person: _____

Phone Number: _____

Department Director/Chairman Signature

CONSTRUCTION / RENOVATION

BUILDING: _____ **ROOM/SUITE** _____

Description of Request:

Source of Funds: HEAF ☐ LOCAL ☐ CHART STRING: _____

Type of Space: Research ☐ Office ☐ Clinical ☐ Teaching ☐

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 | _____ |

REQUIRED APPROVAL FOR ESTIMATE

Appropriate Dean or Vice President

Interim Provost, Dr. Claire Peel*(if academic space)

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

Facilities Department Use Only

FINAL APPROVAL FOR CONSTRUCTION START AND BUDGET TRANSFERS

ESTIMATED COST:

Jason Hartley
Executive Director Facilities

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

Facilities Exec. Director _____
Assistant Director Maintenance _____
Construction Manager _____
Business Manager _____
Project Engineer _____

Interior Designer _____
Utilities & Energy Mgmt _____
Safety Office _____
Telecom/ITS _____
CETS _____