A remodeling permit is required for any work performed by individuals, departments or contractors. This also includes and donated work. Permits can be obtained from the FACILITIES MANAGEMENT DEPARTMENT at the front desk (965-1800). Each project undertaken requires a new permit.

**APPLICATION FORM**

<table>
<thead>
<tr>
<th>Building/Area</th>
<th>Room</th>
<th>Other Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>User's Name</td>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Requesting Department</td>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Dean/Director Authorization</td>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Project Start Date</td>
<td>Estimated Completion Date</td>
<td></td>
</tr>
<tr>
<td>Current Use of Area</td>
<td>Use of Remodeled Area</td>
<td></td>
</tr>
</tbody>
</table>

Describe work to be done. Please attach 4 copies of plans/drawings.

**SAMPLE**

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For Facilities Management use only:

Dated Received by FM:

Reviewed by DPS         Date      Phone Number
Reviewed by Academic Facilities/Provost Office   Date      Phone Number
Reviewed by Facilities Management/Planning & Construction CAD     Date      Phone Number
Reviewed by Accessibility Compliance Coordinator OEO/AA       Date      Phone Number

ALL DESIGN AND CONSTRUCTION WILL COMPLY WITH ASU FACILITIES MANAGEMENT DESIGN STANDARDS.
FACILITIES MANAGEMENT DEPARTMENT
REMODELING PERMIT

Permit Number: 

Date Issued ___/___/___  Authorized Signature: _________________________________

___________________________
INSPECTION RECORD

Inspected by: _________________________ Date ___/___/___

Observations/Remarks: ____________________________________________________________

____________________________________

Inspected by: _________________________ Date ___/___/___

Observations/Remarks: ____________________________________________________________

SAMPLE

____________________________________

Inspected by: _________________________ Date ___/___/___

Observations/Remarks: ____________________________________________________________

____________________________________

Inspected by: _________________________ Date ___/___/___

Observations/Remarks: ____________________________________________________________