APPLICATION FOR BUILDING AND REMODELING PERMIT

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.

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:

________________________________________

________________________________________

Inspected by:__________________________Date __/__/__

Observations/Remarks:

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Inspected by:__________________________Date __/__/__

Observations/Remarks:

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Inspected by:__________________________Date __/__/__

Observations/Remarks:

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