University of South Carolina
Facilities
Departmental Project Application

Requestor Information

Requestor _____

College/ Department _____

Address _____

Office Phone _____

Alternative Phone _____

Email _____

Program/ Planning Information

Building Name _____

Bldg # _____   Floor(s) _____

Room(s) _____   Current SqFt _____

Existing Use   _____

Proposed Use   _____

Project Overview and Scope

Is an estimate required prior to start work?   Yes   No

Project Description (What is requested and why is it required): Attach additional materials/ equipment information necessary:

Materials Use Information (If applicable for existing or proposed space): List known requirements or hazards (biological, chemical, radiation, ADA, OSHA, IH&S, or other) Attach additional material/ equipment information necessary:

Project Timeline (Note: Official Project Schedules are Determined by the Assigned Project Manager)

Requested Start Date: _____   Targeted Completion Date: _____

Requested Dates Reasoning (ie new faculty/ staff starts in the fall, accrediation, startup funds, etc.):

_____

Funding Source

Operating Unit	GL Account	Department	Fund	Class	Project
_____	_____	_____	_____	_____	_____

Approval Signatures

Requestor/ Primary Contact:

Authorized Department Fiscal Agent:

* Per safety code compliance, multi-person crews may be utilized to perform the requested work.

** By signing the above, you are authorizing Facilities Services to charge all direct and indirect expenses back to the requesting department (including, but not limited, to materials, labor, purchase and/ or rented equipment, etc.)

*** Estimates are meant for budgeting purposes only. Cost(s) are subject to change due to unforseen conditions, fluctuation process, or changes in the scope of work. Actual cost(s) will not be determined until the project is completed. Customers will be notified when/if cost(s) change during the project.