Facilities Modification Request
Calhoun City School System

ONE PROJECT PER FORM
Request must be submitted 60 days prior to the proposed start date of the project.

Facilities Design & Construction will not process your facilities modification without a principal’s signature, the appropriate administrator’s signature for facilities other than schools, or a respective cabinet member signature.

Forward the completed Facilities Modification Request to the Director of Facilities and Operations

Part 1. School Information
School or Facility
Proposed Start Date
Principal’s Signature(required)
School Contact Person
Fax

Proposed Completion Date
Date
Phone
Email

Part 2. Parent/Group/Non-Profit Agency Volunteer Information (if any)
Name of Parent/Group/Volunteer
Contact Person
Fax

Phone
Email

• A copy of the site plan/floor plan is required for each project.
• Will this facility modification affect student capacity? ☐ Yes ☐ No

Part 3. Project Description and Rationale for Request
Interior Modifications ☐ Exterior Modifications ☐ Please check only one box. One project per form.

Please provide a brief description of project.

If your project involves placing any type of new structure on the school campus, please attach a detailed description of manufacturer’s specifications on that product/structure.

If your project involves change in use of space due to planned changes in the educational program, please have the Planning Worksheet Addition/Elimination or Relocation of Program Space Request (copy attached) approved by the Superintendent before submitting this request.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Facility Modifications will not be processed without an approved funding source(s). Verification of funds is required before final approval.
**Part 4. Summary of Cost and Funding Source(s)**

Funding source(s) / Budget code:

Any Additional Comments:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Does this request involve a grant?  
Yes  No  **If yes**, briefly describe critical dates and requirements for compliance.

**Part 5. Contractual Services Information (If appropriate)**

Identify the contractors proposed to perform the work. (Contact Person, Phone Number, E-mail Address) Include with this information their E-verify Information and W-2 as well as the a copy of the scope of work and contract.

**Part 6. Insurance information (If appropriate)**

Attach a copy of liability, automobile and workman’s compensation insurance certificate(s) showing coverage currently in force for all licensed contractors and architects/engineers ($1 million is required for liability and automobile insurance).

**Part 7. Architectural and/or Engineering Work (If appropriate)**

Identify proposed architect and/or engineers involved in the project design, and contact information. Please send a set of the architect or engineer sealed drawings of the proposed design to Facilities and Operations, CCCS. This should be attached to the Facilities Modification Request.

Any structure being constructed on the Calhoun City School’s property will need to be reviewed by the City of Calhoun Community Development Department prior to the start of construction.

A copy of all comments received from the above persons will need to be submitted with this application for review, as part of the approval process. Failure to have your drawings reviewed by the above departments could result in the school being fined. These fines would be the responsibility of the individual school.

Copies of the approved/denied applications will be forwarded to all persons involved with the project once all reviews are completed.

---

**Facilities and Operations Use Only**

*Approved*  
*Denied*  

Comments

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Facilities/Operations Director:__________________________  Superintendent:__________________________