

**VOLUSIA COUNTY SCHOOL DISTRICT  
FACILITIES SERVICES DIVISION  
SCHOOL FUNDED CONSTRUCTION PROJECT APPLICATION**

**1. THIS SECTION TO BE COMPLETED BY THE SCHOOL**

School: \_\_\_\_\_ Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

School Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Funded: Yes ☐ No ☐ (If Yes) Sources: \_\_\_\_\_

Account Number: \_\_\_\_\_ Your Estimated Cost: \$ \_\_\_\_\_

Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Attach Site Plan Showing Location of Project Principal's Signature: \_\_\_\_\_

• Send To: Chip Johnson Print Name: \_\_\_\_\_  
Facilities Services - Daytona

**2. THIS SECTION TO BE COMPLETED BY THE FACILITIES PLANNER**

PROJECT NUMBER: \_\_\_\_\_

APPROVED ☐ By: \_\_\_\_\_ Date: \_\_\_\_\_

Contracted Service ☐ Construction Depts. ☐

Maintenance Dept. ☐ Other ☐

If approved, Route to:  
\_\_\_\_\_  
\_\_\_\_\_

Facilities Staff Person Assigned: \_\_\_\_\_

Funding Source: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

DENIED ☐ By: \_\_\_\_\_ Date: \_\_\_\_\_

|           |                             |                          |
|-----------|-----------------------------|--------------------------|
| Reason(s) | Existing Facilities Project | <input type="checkbox"/> |
|           | Code Violation              | <input type="checkbox"/> |
|           | Safety Issue                | <input type="checkbox"/> |
|           | Funding                     | <input type="checkbox"/> |
|           | Timing                      | <input type="checkbox"/> |
|           | Other                       | <input type="checkbox"/> |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. THIS SECTION TO BE COMPLETED BY FACILITIES STAFF**

**FACILITIES STAFF PERSON**

Document Approval ☐ Date: \_\_\_\_\_ By: \_\_\_\_\_

Funding approval ☐ Date: \_\_\_\_\_ By: \_\_\_\_\_

Const. Start Date: \_\_\_\_\_ Planned Comp. Date: \_\_\_\_\_

Budget Amount: \$ \_\_\_\_\_ Actual Amount: \$ \_\_\_\_\_

Contractor: \_\_\_\_\_ License #: \_\_\_\_\_

Final FC Approval Date: \_\_\_\_\_ By: \_\_\_\_\_

**CODE INSPECTION**

Document Approval ☐ Date: \_\_\_\_\_ By: \_\_\_\_\_

Building Permit Issued ☐ Date: \_\_\_\_\_ By: \_\_\_\_\_

Building Permit No.: \_\_\_\_\_

Final Code Inspection ☐ Date: \_\_\_\_\_

By: \_\_\_\_\_