

VOLUSIA COUNTY SCHOOLS
REQUEST FOR CHANGE OF FACILITY/CURRICULUM USE OF SPACE

Name of School/Department: _____ Date: _____

FISH # of room or building to be modified: _____ Date modifications will be required: _____

Type of request (Check all that apply):

☐ Modify existing use of room ☐ Add electrical outlets ☐ Add data portals
☐ Add plumbing fixtures ☐ Other modifications (Short description)

Original design purpose of space: _____

Justification for request: _____

Proposed use of space: _____

Required modifications not listed above: _____

Impact on curriculum: _____

Will this increase or decrease capacity? ☐ Yes ☐ No Net change _____

Estimated cost: _____ Provided by: _____

Requestor information: Name _____ Title _____

Contact number _____ Email _____

Route this document in the following order:

Principal

Recommend to: ☐ Approve ☐ Disapprove Signature _____

Building Official

Recommend to: ☐ Approve ☐ Disapprove Signature _____

Area Superintendent

Recommend to: ☐ Approve ☐ Disapprove Signature _____

ITS, Project Manager

Recommend to: ☐ Approve ☐ Disapprove Signature _____

FRC, COO

Recommend to: ☐ Approve ☐ Disapprove Signature _____

Recommended Action: _____

➔ Return to Planning Coordinator to update FISH