

Work Order # _____

Little Elm I.S.D. Facility Alterations Form

Request Information: Complete the required section(s) and submit to Operational Services

SECTION A – To be completed by the Requester

Date: _____

Contact Person: _____ Department: _____

Phone: _____ Fax: _____ Email: _____

Location/Building and Room(s): _____

Purpose of Request (Check applicable categories):

- Additional Space (existing facility) Additional Space (new construction) Change of Room/Facilities Use
- Renovation of Room/Facilities Regulatory, Health, Safety Maintenance Utilities Improvement

Project Justification (Provide support or need for the proposed project.): _____

(If needed provide additional information and attach to this form)

Project Description (Describe scope of work, including any demolition; architectural, electrical, mechanical work; telephone or network connection work; equipment installation, furniture moving, etc.): _____

(If needed provide additional information and attach to this form)

When (indicate any scheduling constraints or dependencies and desired completion date): _____

Accommodations: (What accommodations will the department make for any users who will be displaced from the space or whose uses of the spaces will be altered by the project): _____

(If needed provide additional information and attach to this form)

Available Budget (if any): \$ _____ Account No. _____

**After you have completed Section A please obtain signatures under Section B.*

SECTION B – Concept Approval: Completed by Principal & Branding Review

1) _____

Principal Date

First: Approved Not Approved

2) _____

District Branding Review Date

Second: Approved Not Approved

**Operational Services to Complete Section C*

SECTION C – Completed by Director for Operational Services Date Received:

Building Permit Required: Yes No Hazardous Materials: Yes No Need Testing

Project Estimated Budget: Verify available budget Budget estimated by Operational Services

Design \$ _____ Construction \$ _____ Equipment \$ _____ Total Budget \$ _____

See attach estimate summary sheet for breakdown

Available Budget (if any): \$ _____ Account No. _____

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