

CAMPUS PLANNING & DESIGN

PROJECT SUMMARY CHECKLIST and APPROVAL TO PROCEED with DESIGN

Date _____

CPD Project Number _____

FURNITURE	CEILING/CEILING FINISH	FLOOR FINISH	WALL FINISH	SOUND ISOLATION/ ACOUSTIC TREATMENT
<input type="checkbox"/> SYSTEMS <input type="checkbox"/> NEW <input type="checkbox"/> RECONFIGURE <input type="checkbox"/> OTHER _____	<input type="checkbox"/> ACOUSTIC TILE <input type="checkbox"/> EXPOSED <input type="checkbox"/> REPAIR EXISTING <input type="checkbox"/> TOTAL CEILING REPLACEMENT <input type="checkbox"/> OTHER _____	<input type="checkbox"/> WASHABLE <input type="checkbox"/> SEALED CONC. <input type="checkbox"/> CARPET <input type="checkbox"/> RESILIENT <input type="checkbox"/> WOOD <input type="checkbox"/> CERAMIC TILE <input type="checkbox"/> OTHER _____	<input type="checkbox"/> PAINT <input type="checkbox"/> DRY WALL <input type="checkbox"/> ACOUSTIC PANELS <input type="checkbox"/> CERAMIC TILE <input type="checkbox"/> OTHER _____	<input type="checkbox"/> NONE <input type="checkbox"/> WALLS <input type="checkbox"/> CEILING <input type="checkbox"/> ADJUSTABLE <input type="checkbox"/> ACOUSTIC ISOLATION <input type="checkbox"/> ACOUSTICAL DOORS <input type="checkbox"/> OTHER _____
WINDOW COVERINGS <input type="checkbox"/> BLINDS <input type="checkbox"/> SHADES	SAFETY & ENVIRONMENT. <input type="checkbox"/> FIRE PROTECTION <input type="checkbox"/> HAZARDOUS WASTE <input type="checkbox"/> SOIL EROSION <input type="checkbox"/> ASBESTOS ABATEMENT <input type="checkbox"/> LEAD ABATEMENT <input type="checkbox"/> OTHER _____	SECURITY <input type="checkbox"/> CAMERAS <input type="checkbox"/> ALARMS <input type="checkbox"/> CARD ACCESS <input type="checkbox"/> CLOCKS	OTHER NEEDS: <input type="checkbox"/> DESIGN DEVELOPMENT <input type="checkbox"/> FIRE MARSHALL <input type="checkbox"/> ADA ACCESS <input type="checkbox"/> MOVING	<input type="checkbox"/> STORAGE <input type="checkbox"/> DIG PERMIT
LIGHTING <input type="checkbox"/> NATURAL LIGHT <input type="checkbox"/> FLUORESCENT <input type="checkbox"/> NEW FIXTURE <input type="checkbox"/> TASK <input type="checkbox"/> TRACK <input type="checkbox"/> BLACK-OUT ABILITY <input type="checkbox"/> DIMMER <input type="checkbox"/> OTHER _____	HVAC <input type="checkbox"/> FIXED TEMP <input type="checkbox"/> FUME HOOD <input type="checkbox"/> HUMIDITY CONTROL <input type="checkbox"/> AIR FILTRATION <input type="checkbox"/> SPECIAL VENTILATION <input type="checkbox"/> BALANCED AIR SUPPLY <input type="checkbox"/> SEPARATE SYSTEM <input type="checkbox"/> OTHER _____	PLUMBING <input type="checkbox"/> HOT WATER <input type="checkbox"/> COLD WATER <input type="checkbox"/> COMPRESSED AIR <input type="checkbox"/> GAS <input type="checkbox"/> SINK <input type="checkbox"/> OTHER _____	ELECTRICAL POWER <input type="checkbox"/> 110V / 20A / 1P PHASE <input type="checkbox"/> 208V / 40A / 3 PHASE <input type="checkbox"/> CONVENIENCE OUTLETS <input type="checkbox"/> OTHER _____	COMMUNICATION <input type="checkbox"/> VIDEO/CABLE <input type="checkbox"/> DATA CONNECTION <input type="checkbox"/> AUDIO SYSTEM <input type="checkbox"/> PROJECTION <input type="checkbox"/> OTHER _____

REVIEW REQUIREMENTS

- ☐ FIRE MARSHAL
☐ DISABLED RESOURCES SERVICES
☐ IT
☐ ENVIRONMENTAL HEALTH AND SAFETY
☐ PHYSICAL PLANT CRAFTS

EXCLUSIONS

- ☐ _____
☐ _____
☐ _____
☐ _____
☐ _____

Scope for Approval _____

Budget Estimate: \$ _____ Desired Completion Date: _____

Approval to Proceed with Design:

Requestor _____ Date _____ Financial Manager _____ Date _____ Dean or V.P. _____ Date _____