

**CAMPUS PLANNING & DESIGN  
PROJECT SUMMARY CHECKLIST and APPROVAL TO PROCEED with DESIGN**

Date \_\_\_\_\_ CPD Project Number \_\_\_\_\_

<b>FURNITURE</b>	<b>CEILING/CEILING FINISH</b>	<b>FLOOR FINISH</b>	<b>WALL FINISH</b>	<b>SOUND ISOLATION/ ACOUSTIC TREATMENT</b>
<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 _____

<b>WINDOW COVERINGS</b>	<b>SAFETY &amp; ENVIRONMENT.</b>	<b>SECURITY</b>	<b>OTHER NEEDS:</b>
<input type="checkbox"/> BLINDS <input type="checkbox"/> SHADES	<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 _____	<input type="checkbox"/> CAMERAS <input type="checkbox"/> ALARMS <input type="checkbox"/> CARD ACCESS <input type="checkbox"/> CLOCKS	<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

<b>LIGHTING</b>	<b>HVAC</b>	<b>PLUMBING</b>	<b>ELECTRICAL POWER</b>	<b>COMMUNICATION</b>
<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 _____	<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 _____	<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 _____	<input type="checkbox"/> 110V / 20A / 1P PHASE <input type="checkbox"/> 208V / 40A / 3 PHASE <input type="checkbox"/> CONVENIENCE OUTLETS <input type="checkbox"/> OTHER _____	<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 \_\_\_\_\_