

Request For Physical Alteration and/or Department Support

INSTRUCTIONS: Complete this section in full, obtain an Associate Director's signature and route to: Planning Administration, Rt. 131 or email Kim Kerwin at khau@uci.edu or call X5735.

DATE _____

| | | | |
|-------------------|----------|------------|-----------------|
| BUILDING | LOCATION | DEPARTMENT | COST CENTER NO. |
| PERSON TO CONTACT | PHONE | EMAIL | |

REQUEST:

JUSTIFICATION:

ASSOCIATE DIRECTOR APPROVAL: PRINT NAME _____ SIGNATURE _____

PLANNING ADMINISTRATION USE ONLY

PROJECT ID: _____ PROJECT TITLE: _____

REMARKS:

Note: Design fees may apply

AUTHORIZATION TO PROCEED:

Recommended **Not Recommended** SIGNATURE _____ DATE _____

Approved **Denied** SIGNATURE _____ DATE _____

E-00015 10/2013