Carleton College
Facilities Management and Planning
One North College Street
Northfield, MN 55057

FACILITY CHANGE REQUEST

APPROVED BY CHAIR/DIRECTOR: _____ **EXT:** _____ **DATE:** _____

CONTACT IF DIFFERENT FROM ABOVE: _____ **EXT:** _____

BUILDING: _____ **LOCATION:** _____ **Room #:** _____

DEPARTMENT: _____ **BUDGET #:** _____

(INCLUDE BUDGET NUMBER **ONLY** IF YOU HAVE MONEY IN YOUR DEPARTMENT BUDGET TO FUND THIS PROJECT.)

REASON FOR CHANGE: (EXPLAIN THE SCOPE OF PROJECT INCLUDING GOALS AND OBJECTIVES)

DESCRIBE WORK:

IF APPROPRIATE, PROVIDE A SKETCH ON THE BACK OF THIS FORM OR ON A SEPARATE SHEET.

INDICATE WORK INVOLVED IN PROJECT:

- ☐ **CONSTRUCTION, INCLUDING:**
  - ☐ DEMOLITION
  - ☐ ELECTRICAL
  - ☐ TELE/DATA
  - ☐ HEATING/COOLING
  - ☐ PLUMBING
  - ☐ RELOCATION
  - ☐ OTHER _____
- ☐ **INTERIOR DESIGN, INCLUDING:**
  - ☐ PAINTING/VINYL
  - ☐ BLINDS/DRAPES
  - ☐ FLOORING
  - ☐ LIGHTING
  - ☐ CABINETS/SHELVING
  - ☐ FURNITURE/EQUIPMENT
  - ☐ WORKSTATIONS
  - ☐ OTHER _____

SHADED AREA FOR FACILITIES ONLY – DO NOT FILL IN	
$	**CHANGE REQUEST WAS:**
	☐ APPROVED ☐ DENIED ☐ DEFERRED
	COMMENTS: _____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	SIGNED: _____
	DATE: _____
	PROJECT MANAGER ASSIGNED:
	_____
$	**TOTAL ESTIMATED COST OF PROJECT**

PRIORITY: (CHECK ONE)

☐ **CRITICAL** ☐ **ASAP** ☐ **AS TIME PERMITS** **REQUESTED DATE OF COMPLETION:** _____

REASON FOR DEADLINE: _____