

Facilities Customer and Business Services

REV 9/14

BUILDING PERMIT APPLICATION FORM

Send completed permit application to: Email: facilities-CBS@calpoly.edu Fax: 756-6114 Attn: Facilities Help Center

FAC-10A

Applicant/s Names		Today/a Data		
Applicant's Name:		Today's Date:		
(Applicant will be the primary contact for this project)				
Phone Number:		Department:		
Thomas rambers		э оран синон	••	
Alternate Phone Number:		Email Address:		
other involved parties				
(Supervisor, Dean, Advisor etc.)				
Project Name:		Bldg. Name:		
		- 		
		Bldg. #:		
Who is doing the work?		Room #:		
(Check all that apply)	· ·			
□ Contractor	☐ Student P	Student Project		□ Other (Explain)
- Donartment Labor				
□ Department Labor				
Source of Funding:		Estimated Cost/Budget:		
Description of Project:				
** Email supporting documents such as scope, plans, specifications, location, etc. to:				
facilities-CBS@calpoly.edu and Mike Hogan at mhogan@calpoly.edu				
Status of Project:	□ Proposal (We can only review the concept, no			not issue a permit)
	ans Ready to	Review	□ Uı	nder Construction (oops!)
Approval Signature:				
Academic Departments Require Dean's Signature			(Please Print Name)	
(Non-Academic Departments Require Division or Department Head Signature) Facility Services Use Only				
Project Number:				SR
Time Window:				
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Return Application Form to Facilities Customer and Business Services