|  |  |
| --- | --- |
| CPU001_primary_logo_90gray**Facilities Customer and Business Services** | Building PermitApplication FormSend completed permit application to:Email: facilities-CBS@calpoly.eduFax: 756-6114 Attn: Facilities Help Center |
| Applicant’s Name:     *(Applicant will be the primary contact for this project)* | Today’s Date:      |
| Phone Number:      | Department:      |
| Alternate Phone Number:      | Email Address:      |
| Optional: Names and Phone numbers ofother involved parties*(Supervisor, Dean, Advisor etc.)* |       |
|  |       |
| Project Name:      | Bldg. Name:      |
|  | Bldg. #:      |
| Who is doing the work?*(Check all that apply)* | Room #:      |
| [ ]  Contractor | [ ]  Student Project | [ ]  Other *(Explain)*      |
| [ ]  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, not issue a permit)* |
|  | [ ]  Plans Ready to Review | [ ]  Under Construction *(oops!)* |
| Approval Signature: |       |
| *Academic Departments Require Dean’s Signature (Non-Academic Departments Require Division or Department Head Signature)* | *(Please Print Name)* |
| Facility Services Use OnlyProject Number:      SR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time Window:      **REV 9/14**   **FAC-10A*****Return Application Form to Facilities Customer and Business Services*** |

**. Use to request authorization for Department-directed jobs .**