|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CPU001_primary_logo_90gray  **Facilities Customer and Business Services** | | Building Permit Application Form Send completed permit application to:  Email: [facilities-CBS@calpoly.edu](mailto:facilities-CBS@calpoly.edu) Fax: 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 of  other 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 Only  Project 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 .**