



Space Request Form

FOR INTERNAL PURPOSES ONLY:

Received On: _____

By: _____

Project Name: _____

Project Number: _____

Section 1: Space Request Details:

Please fill out this section in its entirety. Then, return the completed form to OPP Planning, Design & Properties
ATTN: Space Management, email: FacilitiesSpace@psu.edu

1.1 Date of Request: _____

1.2 Requestor Information:

Name: _____

Email: _____

Title: _____

Phone: _____

Department: _____

Campus: _____

1.3.1 Statement of ***What*** is needed (how much and for whom)?

1.3.2 Type of Request: Classroom Office Lab/Research Other: _____

Additional Types of Requests:

Agricultural ATM High Bay/Industrial Land/Access Medical Facility Parking

Residential Restaurant/Retail Storage TNS/Cell TV/Radio

1.3.3 Total Space Needs Breakdown:

Private Office(s) (# of _____) Workstation(s) (# _____) Copy Room (# of _____)

File Room(s) (# of _____) Storage room(s) # _____ Classroom (# of _____ & # seats _____)

Conference (# of _____ & # seats _____) Other, please specify type and size: _____

1.4 ***Why*** is the space needed? (things like more staff, expanded program changed assignments, etc.)

1.5 ***How*** does this benefit your unit? (Or what might be the downside if additional space is not available?)

1.6 ***Who else*** is affected by your request? Will another department or unit need to give up space?

1.7 ***How*** does this support the mission of the University?

1.8 ***When*** is this space needed? _____ (Estimated Date)

** If the need is immediate or very soon, this might require looking into leased space outside of university-owned building, but then you would need to think about rent costs, lease duration, etc.*

1.9 How long do you need the space for? _____

1.10 ***How*** are renovations, moves, etc. going to be funded? If your unit has an order-of-magnitude estimate, which includes a design, construction, FFE, & technology costs, please provide. If not, OPP will assist in estimating the costs.



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1.11 Are there any special requirements to be accommodated (i.e. physical, geographical, etc.)?

1.12 Are there any equipment requirements that will affect build-out costs (i.e. weight, electrical consumption, height)?

1.13 Are there any security requirements beyond normal access control?

Depending on the need, scope or complexity, a feasibility study with a preliminary program and preliminary design may be required.

1.14 Estimated Budget for this project: \$ _____

Section 2: Requesting Unit Acknowledgement

2.1 Facility Coordinator / DBS Approval:

Signature

Date

Print Name/Title

2.2 Financial Officer Approval:

Signature

Date

Print Name/Title

Section 3: Space Planning Acknowledgement :

3.1 The space planning team has reviewed the request and:

3.1.1 Will be requesting a meeting within 10 working days to discuss in greater detail your request to help determine if there is University owned space that will meet your needs.

3.1.2 Determined there is no University owned space available to accommodate your needs and has forward your request to the Real Estate Office to explore non-University owned space. You will be contacted within 10 working days to discuss further. Please note, the Budget Approval Form will need to be completed.

3.1.3 Determined your needs are a non-core campus function and has forward your request to the Real Estate Office to explore non-University owned space. You will be contacted within 10 working days to discuss further. Please note, the Budget Approval Form will need to be completed.

3.1.4 *Other, explain:* _____

3.2 Space Planning Acknowledgment:

Signature

Date referred to University Real Estate Services

Print Name