



## **Facilities Modification Request Form**

The facilities Modification Request Form must be completed prior to:

1. Structural/physical changes of interior space (i.e., demolition or new construction of walls, ceilings, floors, stairs, etc., painting or color changes, painting of murals, etc. installation of fixed equipment or furniture requiring utility connections, including HVAC or exhaust ventilation systems, taps into building utilities or mechanical system, or adding hardwired electrical equipment, data outlets and electrical outlets to support technology, etc.)
2. Changes in use of space (i.e., conference room to office, classroom to office, vocational education room to computer lab, etc.)
3. Changes to exterior of buildings
4. Location of equipment exterior to buildings
5. Changes or modifications to the grounds or playfields (i.e., installation of playground equipment, building dugouts, scoreboards, lights, bleachers, installation of tracks, installation of irrigation system, plantings of any type, fertilization of grass, etc.)

**INSTRUCTIONS:** Submit this completed “Facilities Modification” form to the office of the “Director of Facility Services”, by e-mail or fax (252-756-2354), who will review and forward to the Associate Superintendent for Operations. An e-mail response from Facility Services will be provided.

If you have any questions, please contact Matt Johnson, Facility Operations Coordinator at email address [johnsom5@pitt.k12.nc.us](mailto:johnsom5@pitt.k12.nc.us) or 252-756-2313 or Becky Meeks at email address [bmeeks@pitt.k12.nc.us](mailto:bmeeks@pitt.k12.nc.us) or 252-756-4598.



## Facilities Modification Request Form

School or Facility:		
Requested by: Principal Verification required		Date:
Phone:	FAX:	Email:

Work Order Number:

Are you sending a drawing or a site plan for this project proposal? \_\_\_\_\_ Yes \_\_\_\_\_ No

Assigned project number should appear on all documents submitted for review.

Does this request affect student capacity? \_\_\_\_\_ Yes \_\_\_\_\_ No

Projected Start Date:		Projected End Date:	
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Brief description of special project ( ) Interior Modifications ( ) Exterior Modifications. Please check only one box. *One project per form.*

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**\*Interior Modifications: Please specify room numbers**

<b>Funding source(s) /Code</b>	
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Additional Comments:

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Does this request involve a grant? ( ) Yes ( ) No. **If yes**, briefly describe critical dates and requirements for compliance.

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**FOR OFFICIAL USE ONLY**

Associate Superintendent for Operations		Project No:		Date Received	
Comments:					

\* Verification of funds is required before final approval

\*\*Copies of these documents shall be sent to all person(s) involved with the project after a final decision is made.