

Proposed Renovation

Name of Facility _____

Name of Building _____

Name/Signature Warden _____

Name of Facility Contact Person _____

Date Requested _____

Short Description of Project (example; office building, laundry, kitchen, offender housing, education, etc. and explain what changes are requested and why):

Estimated Value of Building When Completed: \$ _____

Construction Cost \$ _____

Material Cost \$ _____

Architect/Engineering Cost \$ _____

Projected Cost \$ _____

Please Submit the Following:

- Facility site plan showing remodel project
- Drawing or blue prints of current building without change
- Drawing or blue prints of current electrical, plumbing and HVAC
- Drawing of projected remodel plans showing the changes-electrical, plumbing and HVAC
- Does building have fire alarm systems? (circle one) Yes No Will this change if remodeled? Yes No
- Does building have a sprinkler system? (circle one) Yes No Will this change if remodeled? Yes No
- If yes, please explain:

- Will there be any security surveillance changes? (circle one) Yes No
- If Yes, include consideration(s) of how such technology may enhance the agency's ability to protect offenders from sexual abuse
- List telecommunication changes:

- Is there a Micro-Net system need? (circle one) Yes No
- Is a back-up generator needed? (circle one) Yes No
- List any unique issues:

Signature/Division Manager

Approved

Rejected

Date

Signature/Associate Director of Field Operations

Approved

Rejected

Date

Signature/Chief of Operations

Approved

Rejected

Date