## **Proposed Renovation**

Facility Building Name				
Facility Head Printed Name / Signature		Name of Facility (	Name of Facility Contact Person	
Date requested:				
Short Description of Project (i.e. are requested and why):	e., office building, laundry, kitche	en, inmate housing, education	etc.; explain what changes	
Estimated value of building wh	nen completed: \$			
	Construction Costs:	\$		
Material Costs: \$		\$		
	Architect/Engineering Costs:	\$		
	Projected Costs:	\$		
Please Submit the Following:				
Facility site plan showing remodel project				
<ul> <li>Drawing or blue prints of current building without change</li> <li>Drawing or blue prints of current electrical, plumbing and HVAC</li> </ul>				
Drawing of bide prints of current electrical, plumbing and TVAC     Drawing of projected remodel plans showing the changes-electrical, plumbing and HVAC				
Does building have fire alarm systems? □ Yes □ No Will this change if remodeled? □ Yes □ No				
Does building have a sprinkler system? □ Yes □ No Will this change if remodeled? □ Yes □ No				
If yes, please explain:				
Will there he any securit	y surveillance changes? ☐ Yes [	□ No		
<ul> <li>If yes, include consideration(s) of how such technology may enhance the agency's ability to protect offenders from sexual</li> </ul>				
abuse				
List telecommunication of	changes:			
Is there a Micro-Net system	tem need? ☐ Yes ☐ No			
Is a back-up generator r	needed? □ Yes □ No			
List any unique issues:				
☐ Approved ☐ Denied				
	Chief Administrator of Institution	ons/Community		
	Corrections and Contract Serv		Date	
☐ Approved ☐ Denied				
	Chief of Operations Signature		Date	
			(R 03/22)	