

Facilities Services, Campus Planning and Projects

Project Request Form

Please print and complete this form, and present it to your Department Chair/Director and Dean or Vice President for their approval and signature prior to submitting to FSCPP. Forms should be returned to us at inspaces@lehigh.edu or to the Logistics Coordinator at FSCPP via Campus Mail. If you have questions about these procedures, please contact Facilities at 610-758-5310.

Requester Name:	Title:
Phone Number:	Dept.:
Email:	
Proposed Location:	Requested Project Information Proposed Room/Space:
Type of Project: Feasibility Stu Project Description:	dy/Estimate
from the space or otherwise affected	nodations will the department make for any users who will be displaced d by the project? If required accommodations are not within the ase review online space policy on our website and complete Space
	college, other/TBD – please explain. A specific index is required with 00 for estimate and/or schematic design/scope. FSCPP can give
Desired Completion Date: Additional Information:	
AUTHORIZING SIGNATURES: Department Chair/Director:	Date:
-	Date:
FSCPP:	Date: