Temporary Space Request Form

Temporary space is not permanent space—it accommodates a clearly defined time-limited project (one year or less), and includes indoor and outdoor space. Uses for temporary space include artwork, built structures, pavilions, tents, plantings and grant funded student projects. Space can be renewed yearly by submitting a new Temporary Space Form to FSCPP, but if another permanent use for the space is requested and approved, the temporary space approval will be revoked. Permanent will take precedence over temporary.

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

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**Requestor Information**

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<thead>
<tr>
<th>Requester Name:</th>
<th>Title:</th>
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<tbody>
<tr>
<td>Phone Number:</td>
<td>Dept.:</td>
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<td>Email:</td>
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**Request Project/Space Information**

What is the location/space you are requesting?
____________________________________________________________________________________

Project Description: Briefly describe the space needed (e.g. type, functions, size, users, location, etc.)
____________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Can you provide a site plan, sketch, images or renderings to explain the proposed project’s visual appearance?  □ Yes □ No

Please check if your project:
□ Supports the academic and institutional mission
□ Enhances the built environment
□ Conforms to applicable exterior design guidelines, which can be found on the FSCPP website
□ Adheres to all municipal and building codes (if unknown, leave blank)

What is the start date of the project? __________________________
What is the end date of the project? __________________________
Has funding been approved for this project?
□ Yes (please provide Index Account Number _______________________)
□ No. If not, why not? ____________________________________________

**AUTHORIZING SIGNATURES:**

Department Chair or Director: ___________________________ Date: ___________
Dean or Vice President: ___________________________ Date: ___________
FSCPP: ___________________________ Date: ___________