

Proposed Renovation

Facility _____

Building Name _____

Facility Head Printed Name / Signature _____

Name of Facility Contact Person _____

Date requested: _____

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

Estimated value of building when completed: \$ _____

Construction Costs: \$ _____

Material Costs: \$ _____

Architect/Engineering Costs: \$ _____

Projected Costs: \$ _____

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? ☐ 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 be any security surveillance changes? ☐ 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? ☐ Yes ☐ No
- Is a back-up generator needed? ☐ Yes ☐ No
- List any unique issues:

☐ Approved

☐ Denied

Chief Administrator of Institutions/Community
Corrections and Contract Services Signature

Date

☐ Approved

☐ Denied

Chief of Operations Signature

Date