Request No.

**BUILDING AUTHORITY ALTERATION REQUEST**

**1) Agency and Project Information (complete section 1 and submit to DBA Building Operations)**

|  |  |
| --- | --- |
| Date | Requesting Agency |
| Project Point of Contact (POC) | POC Phone Number |
| Building Address & Suite # of Alteration | City, State, Zip Code |
| Fax Area Code + Number | Email Address |
| Name of Requester (please print or type) | Requester’s Title |
|  |  |

a) Describe the requested work by providing as much detail as possible including but not limited to location of work, floor, room name/number, quantities, square or linear feet etc.:

Click or tap here to enter text.

b) Provide justification for the work as to why it is necessary and/or how agency operations will be enhanced:

Click or tap here to enter text.

c) When does the work need to begin       and completed

d) Will the work require DBA to relocate/move tenant owned/managed furniture or equipment?

Yes No If yes, then the requesting agency shall complete Attachment A.

**2) Estimated Cost (completed by DBA Building Operations)**

|  |  |  |
| --- | --- | --- |
| Estimated Cost of Labor | Estimated Cost of Materials & Equipment | **Total Estimated Cost** |
| DBA Project POC | DBA POC Phone No. | DBA POC Fax Number |
| Date | Estimated Start Date | Estimated Completion Date |

Work will be conducted by  DBA or  Contractor. \*Asbestos containing materials may be present in the work area – Workers shall complete a “Work Authorization Form” and approved by DBA prior to proceeding with the project. Notes: Click or tap here to enter text.

**3) Agency Agreement of Estimated Costs (Return to DBA Building Operations**

I agree to pay the total estimated cost listed above and authorize DBA to begin the project.

Cancel the request for the project.

Place the work on hold for 30 days (request will be cancelled by DBA after 30 days)

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Agency Authorized Representative Signature DBA Authorized Representative Signature

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Title Date Title Date