

## Request for Authorization: Space Renovation, Repair, Change of Use

| A. Contact Information   | 1  |   |   |                |
|--|--|---|---|----------------|
| Tenant   |  |   | Date (mm/dd/yyyy)                         |                |
| Contact Name   |  |   | Phone Number                              |                |
| Contact Email  |  |   |   |                |
| B. Request for Renovat   | tion/Repair of Spa                                       | ace                                     |   |                |
| Provide project name and room number(s)  |  |   |   |                |
| Description of and reasons for requested work. Please provide detailed scope of work., including a sketch.   |  |   |   |                |
| Provide name, address,<br>and phone # for work<br>supervisor/contractor.<br>Include license &<br>credentials.  |  |   |   |                |
| Describe construction<br>materials to be used.<br>Indicate if hazardous or<br>flammable materials will be<br>used?   |  |   |   |                |
| Up to date Vendor<br>Certificate of Liability<br>Insurance* & Worker's<br>Compensation:  | On file  Attached  No Liability Insu  *Must be for a min | urance<br>nimum of \$1,000,000          | Wi<br>ther<br>be<br>stagin<br>area        | e<br>a No<br>g |
| Describe impact on<br>schedule/timetable for the<br>building. Anticipated start<br>and completion dates?<br>After hours and weekend<br>work? Please list out<br>individual dates and<br>times. |  | , |   |                |
| Space will be used for:  | Instruction  | Office                                  | Will the above described wor              | k              |
|  | Storage<br>Other   | Gallery                                 | require filing of a work permit with DOB? | of No<br>it    |

| C. Request to change (                            | use of space  |                 |
|---|---|-----------------|
| Room Number(s)                                    |   |                 |
| Current Space Use                                 |   |                 |
| Requested Space Use<br>Change                     |   |                 |
| Is the new function consistent with building TCO? |   |                 |
| D. Signature (indicates approved)                 | s agreement that the space request should be investigated, no                             | ot necessarily  |
| On site Contact<br>Signature                      |   |                 |
| Date (mm/dd/yyyy)                                 | Is the Executive Director/Chief of Operations of your organization aware of this request? | Yes<br>No       |
| Comments  |   |                 |
| OFFICE USE  |   |                 |
| E. Authorization Signa necessarily approved)      | ture (indicates agreement that the space request has been in                              | vestigated, not |
| Director of Facilities<br>Signature               |   |                 |
| Date (mm/dd/yyyy)                                 | Will the above described work require filing of a work permit with DOB?                   | Yes<br>No       |
| Comments  |   |                 |

Complete Section C if room use will be changing.

Forward by email this completed form with the proper signatures and attachments to Kerri Wakeman (Kerri@heckscherbuilding.org). Upon review of the submission, if change request is approved, a Notice to Proceed will be issued. Please note that additional information may be requested, and allow 2 days for review.