



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

A. Contact Information

Tenant

Date (mm/dd/yyyy)

Contact Name

Phone Number

Contact Email

B. Request for Renovation/Repair of Space

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, and phone # for work supervisor/contractor. Include license & credentials.

Describe construction materials to be used. Indicate if hazardous or flammable materials will be used?

Up to date Vendor Certificate of Liability Insurance* & Worker's Compensation:

On file

Attached

No Liability Insurance

*Must be for a minimum of \$1,000,000

Will there be a staging area?

Yes

No

Describe impact on schedule/timetable for the building. Anticipated start and completion dates? After hours and weekend work? Please list out individual dates and times.

Space will be used for:

Instruction

Office

Storage

Gallery

Other

Will the above described work require filing of a work permit with DOB?

Yes

No

