



112 Facilities Complex (0529) ▲ Blacksburg, VA 24061 ▲ 540-231-4300
www.facilities.vt.edu ▲ vtrepair@vt.edu

SPACE REQUEST FORM

For use in reference to [President's Policy Memorandum No. 289](#)

Date of request: _____

Space/program title: _____

Form preparer: _____

Program contact: _____

Sponsor (division/college approving request): _____

Source of funding: _____
(org. number/fund number)

Type of space: _____
(office, service, laboratory, parking, storage, etc.)

Square footage: _____
Estimate total square footage based on proposed occupancy requirements using the provided Space Guidelines.

Desired occupancy: _____
(month/day/year)

Term of space need: _____
(six months, three years, five years, etc.)

Program description:
Briefly describe the purpose of the space requested.



Occupancy requirements:

Provide [staff] listing for all occupants of the space. Use a separate attachment, if needed.

Space requirements:

Provide a list of any amenities or features that may help define the type of space needed [such as desired adjacencies, specific electrical and voice/data connectivity, equipment and fixture requirements, computer rooms, etc.]. Use a separate attachment, if needed.

List of attachments: _____

Does the space require accessibility to persons who may be mobility impaired? Yes No

For Clery Act reporting purposes, will this location be frequently used by students? Yes* No

*If so, Indicate frequency: daily weekly monthly 1X semester 1x year Other: _____



Division of Administrative Services
FACILITIES DEPARTMENT



Approved funding source provided:* Yes No N/A

Occupancy (staff) listing received:* Yes No N/A (Non-Occupied Space)

*Approved funding source and occupancy listing (as required) to be included with all submissions to OUP.

I agree with the above request and approve funding for implementation:

Academic Dean or Vice President	Printed Name	Date
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Executive Vice President and Provost	Printed Name	Date
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OR

Administrative Vice President	Printed Name	Date
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All of the signatures above should be obtained by the requester before submitting the form to the Office of University Planning. Completed forms should be submitted to the Office of University Planning (0160).





FOR FACILITIES DEPARTMENT USE ONLY

The request is within approved standards for space requirements Yes No N/A

Existing university owned space is available to accommodate the request:* Yes No N/A

*If no, Real Estate Management is hereby requested to work with the program to identify lease opportunities to meet the identified need.

Office of University Planning comments:

Leigh Lally
University Space Manager, Office of University Planning

Date

Jason P. Soileau
Assistant Vice President, Office of University Planning

Date

If leasing, the following signatures are required:

Timothy L. Hodge (If centrally funded)
Assistant Vice President for Budget and Financial Planning

Date

Christopher H. Kiwus
Associate Vice President and Chief Facilities Officer

Date

Sherwood G. Wilson
Vice President for Administration

Date

