

Carteret County Public School System

Facilities Modification Request Form

The facilities Modification Request Form must be completed prior to:

1.) Any structural or physical changes of any interior or exterior part or portion with consideration to construction or demolition of space. New construction of walls, ceilings, floors, stairs, etc., painting or color changes, painting of murals, etc. Installation of fixed equipment or furniture requiring utility connections, including HVAC or exhaust ventilation systems, taps into building utilities or mechanical system, or adding hardwired electrical equipment, data outlets and electrical outlets to support technology, irrigation, signs, post. Relocating or adding any equipment, playground equipment, building dugouts, lights, bleachers, installation of tracks, installation of irrigation system, plantings of any type, fertilization of grass, etc.

2.) Changes in use of space (i.e. conference room to office, classroom to office, vocational education room to computer lab etc.)

Instructions: Submit a work order via Schooldude.com®, then pouch this completed form to Kenny Pedersen, Director of Facility Support Operations. Facility Support Operations will then assign a project number for tracking purposes and send the form to other departments or divisions that they determine should be involved in the project review process (i.e., to Technology and Media, if there is a request for data outlets for additional technology in a school). The project number will then be transmitted to the school requestor as well as the other divisions involved in the project. The project number should be included on all documents being sent as a part of the request. If you have any questions, please contact Kenny Pedersen.

School or Facility:

Requestor Signature:	Date:
Principal Signature:	Date:

Phone:	FAX:	Email:
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Work Order Number: _____

Are you sending a drawing or a site plan for this project proposal? Yes No
Assigned project number should appear on all documents submitted for review.

Does this request affect student capacity? Yes No

Projected Start Date:		Projected End Date:	
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Does this request involve a grant? Yes No

If yes, briefly describe critical dates and requirements for compliance.

FOR OFFICE USE ONLY

Director of Facility Support Operations	Project No:		Date Received	
Comments:				

Chief Technology Officer	Date Received		Date Reviewed	
Comments:				

*Verification of funds is required before final approval

**Copies of these documents shall be sent to all person(s) involved with the project after a final decision is made.

601 Mulberry Street • Beaufort, North Carolina 28516 • Telephone (252) 728-6115 • FAX (252) 728-3614