

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.:

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

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 POC Fax Number
DBA Project POC	DBA POC Phone No.	_____ Estimated Completion Date
_____	_____ Estimated Start Date	
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: _____

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)

_____ DBA Authorized Representative Signature

_____ Agency Authorized Representative Signature

_____ Title Date

_____ Title Date