



## SPACE MODIFICATION REQUEST FORM PLANNING & DESIGN

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### Instructions

**Purpose:** This form is designed as a questionnaire to help you, the Owner, formulate your project requirements for any space modification you are anticipating. It will provide a basis and direction for the design team before starting the design process. Clarifying the requested information in advance will result in lower-cost projects as you minimize/eliminate re-work and achieve smoother/quicker construction and startup. You will also increase the likelihood that your projects will meet or exceed your expectations.

#### **Who should use this form:**

1. Any Department having a space modification project in the Capital Plan
2. Any Department planning a new program that requires space modification at your site.

#### **When to use this form:**

1. Use this form to initiate the design process.
2. As soon as you have identified funding for your project, and **before** Capital Planning & Construction schedules a formal project meeting with your team.
3. Do not wait to be contacted by Capital Planning & Construction. Submitting this form will automatically initiate the design process.

#### **How to use this form:**

1. Establish a steering committee for your project. Think about who will run your program, use, maintain, upgrade and or secure the space,
2. Print and forward advance copies of **Space Modification Request Form**.
3. Conduct a team meeting to discuss the vision and goals for the program requiring the space modification.
4. **Document, document, document!** Add additional pages as needed to convey your requirements!
5. Email a copy of this completed document to Chiaka Patterson, Capital Planning & Construction at [Cpatterson28@ccc.edu](mailto:Cpatterson28@ccc.edu).

# SPACE MODIFICATION REQUEST FORM

## PLANNING & DESIGN

### CAPITAL PLANNING & CONSTRUCTION REQUEST FOR DESIGN SERVICES

By understanding the curriculum delivery or space usage requirements, Capital Planning & Construction can better ensure that your space renovation best reflects the needs of your program. The following survey is a data gathering exercise that will help you plan for your space renovation and inform our design team of your general requirements.

Capital Project Name: \_\_\_\_\_ Survey Date \_\_\_\_\_

Room # \_\_\_\_\_ # of Students/Occupants (present) \_\_\_\_\_ (future) \_\_\_\_\_

Department Name: \_\_\_\_\_

Department Head: \_\_\_\_\_

*The schedule below is presented as probable time frames based on the nature of projects in our capital plan.*

#### Optimal Planning Time Frame\*

Activity	Projects Under \$500K	Projects Over \$500K
Architectural Procurement thru Contract Execution	15 Weeks	15 Weeks
Programming and Design	8 Weeks	8 Weeks
Construction Procurement thru Contract Execution	11 weeks	
Construction Procurement thru Contract Execution		13 Weeks
<b>Total Wks -Design Process/Board Approval</b>	<b>34 Weeks (4 months)</b>	<b>36 Weeks (6.7 months)</b>
Add Time for Construction	14 Weeks (3.5 Months)	14 Weeks or more
<b>Total Wks –Design to Construction</b>	<b>10.6 months</b>	<b>11 Months</b>
Post-occupancy training on equipment or systems	2 weeks	2 weeks

\*Desired Completion Date \_\_\_\_\_  
(Please see attached Project Planning schedule to establish an achievable completion date)



**Steering Committee**

1. Please provide the names and roles of all personnel that will participate on your design team for this project. (Insert lines as needed)

Department	Name	Title	(Input/Signoff)
Department Rep.			
IT			Signoff
Security			Input
Building Engineer(s)			Input

2. How is this space presently used? \_\_\_\_\_

3. What is the intended purpose the new space?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What are the specific learning objectives for students that will occupy this space (if applicable)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Existing Space: Justification for changes

Specifically, what are the deficiencies with the existing space being renovated? What would you change to better support your learning objectives and WHY? Remember, to tie all answers to specific student outcomes. Please present data and statistics where available.

<b>Adequacy of Space Size</b>	
<b>Adequacy of present Furniture type</b>	
<b>Adequacy of present Storage provisions</b>	
<b>Adequacy of existing Equipment</b>	
<b>Adequacy of present Information Technology (data connections, smart boards, PCs)</b>	
<b>Adequacy of present lighting</b>	
<b>Adequacy of electrical connections (more outlets, location of outlets, etc)</b>	
<b>Adequacy of Ventilation</b>	
<b>Accreditation Requirements not mentioned (please list if not previously mentioned)</b>	
<b>Additional Operational needs (use separate lines for each issue)</b>	
<b>Other Comments</b>	