



PROJECT INITIATION FORM
PLANNING, DESIGN AND CONSTRUCTION
 125 PDC Building • Baton Rouge, LA 70803 • www.lsu.edu/pdc

FOR INTERNAL USE
 Project No: _____

A. REQUESTOR INFORMATION

Request Date:		Please check if you would like an appointment to discuss the project.			
Department:		College:			
Requestor's Name:		E-mail :		Phone:	
Project Contact: (If different from requestor)		E-mail :		Phone:	

B. PROJECT INFORMATION

Project Location / Building/Site Name:		Room Number(s) / Project Area:	
Primary Function / Current Use of Space:			
Proposed Function / Use of New or Renovated Space:			
Check project request type			
Estimate Only	Feasibility Study	New Construction/ Addition	Renovation/ Refurbishment
Repair/ Maintenance	Furnishings/ Equipment	Building Exterior/ Roof	Landscape/ Site
Mechanical	Electrical	Plumbing	
Other Request - Specify:			

Project Description: (Describe the basic scope of your project. Include plans, sketches, specifications or any other additional information. Please indicate any equipment needs as part of this project such as furniture, carpet, audio visual, etc.)

Special Architectural Features Required: Please describe (Ex. Suspended ceilings, special flooring, soundproofing, etc.)

Special Electrical & Lighting Requirements: Yes No	<i>If yes, please describe.</i>
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Number of Receptacles Needed:	
Audio/ Visual Equipment: List equip. with installation requirements.	

B. PROJECT INFORMATION continued	
Security Alarm System Requirements: Yes No	<i>If yes, please describe.</i>
Special Plumbing Requirements: (Drains, emergency showers, gas, air, etc.) Yes No	<i>If yes, please describe.</i>
Heating, Air Conditioning, Ventilation & Humidity Requirements	
Maximum number of people using the space at one time:	
Any heat generating equipment in the project : (Ex. Computers, copiers, lab equipment) Yes No	<i>If yes, please describe.</i>
Special environmental conditions needed for equipment: (Ex. Controlled temperature, humidity, ventilation, etc.) Yes No	<i>If yes, please describe.</i>
Year round cooling requirements. Yes No	<i>If yes, please describe.</i>
Telecommunications Requirements: <i>(Please indicate location of outlets on plans, sketches, etc.)</i>	
# Telephone outlets required:	# Fax Line outlets required:
# Data Line outlets required:	

C. SCHEDULE REQUIREMENTS / CRITICAL DATES	
Desired Completion Date:	
<i>Please select any scheduling issues/ requirements.</i>	
Semester Start/End	End of Fiscal Year
Semester Break	Time of Day
Other:	

D. PROJECT FUNDING	
Anticipated Budget:	<\$5,000 \$5,000 - \$14,999 \$15,000 - \$49,999 \$50,000 - \$99,999 \$100,000 - \$500,000
Available Project Budget:	Fiscal Year End Funds: <i>(Funds will expire after current fiscal year)</i>
Dept. Budget Mgr.:	Yes No
Account:	Email:
	Phone:

All projects will be assessed a standard design fee based on the final amount of construction and/or furniture costs for projects managed by Planning, Design and Construction.

E. PROJECT APPROVALS	
PREPARED BY:	Name:
	Date:
Name of Dean, Director or Vice Chancellor who has reviewed and approved this request	
Name:	Title:
Email:	Phone: