

# CAP Space, Facilities & Equipment Requests

## Introduction

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The College of Architecture and Planning (CAP) provides facilities and space to uphold its core missions of education, research, and public service. This process has been implemented with the primary objective of ensuring a secure and safe working environment for all CAP students, faculty, staff, and visitors. Furthermore, it aims to efficiently and equitably allocate, manage, and maintain CAP designated areas.

In accordance with this process, requests for any space and installation of equipment intended to facilitate educational and research activities for CAP faculty and students must undergo an application and proposal approval process. The application and approval process is defined below.

Please submit a proposal outlining the requirements for additional spaces or equipment. Space requests will be considered on a per-semester basis, while equipment needs will be evaluated based on the typical lifespan and suitability for use in CAP spaces.

**Note:** All classroom and studio spaces designated for scheduled CAP courses are arranged exclusively by the CAP Course Coordinator. These spaces are not meant to be included in the proposal process.

## INSTRUCTIONS

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1. Complete and sign this form, providing sufficient details to ensure timely processing.
2. Forward the form to your department chair for review and signature.
3. The chair then forwards the completed request for review.
4. If the request involves space, equipment, or activities that are controlled by university or campus policy or will impact units outside of CAP, additional review may be required.

## CONTACT INFORMATION

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Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Program/Department/CAP Unit: \_\_\_\_\_

Title: \_\_\_\_\_

# PROPOSAL

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Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Location: \_\_\_\_\_

Room(s): \_\_\_\_\_

Describe your proposal, including why the space or equipment is necessary and how it aligns with an academic purpose (teaching or research & creative work).

Please indicate all of the elements related to your request.

- Additional use of a space already assigned to me.
- Request for a new space assignment
- Physical alteration of space
- Installation of Equipment
- Other: \_\_\_\_\_

How frequently will the space be used? (daily, weekly, etc.) \_\_\_\_\_

How many users will be in the space during each use? \_\_\_\_\_

How many total users will use the space over the full semester? \_\_\_\_\_

Are funds allocated for building modifications, equipment, or other infrastructure for this request? If Yes: Provide Speedtype \_\_\_\_\_

Equipment needs are evaluated based on the lifespan of the equipment and its suitability for use in CAP spaces. Please list all equipment and the predicted lifespan of each.

What materials will be used in the space? (select all that apply)

- Wood (no pressure treated wood is permitted indoors)
- Concrete
- Steel
- Biologicals - please list. \_\_\_\_\_
- Bloodborne Pathogens - please list. \_\_\_\_\_
- Chemicals - please list. \_\_\_\_\_
- Other - please describe \_\_\_\_\_

What safety measures will be in place to ensure the well-being of participants and prevent any potential hazards. (select all that apply)

- Controlled Access
- Monitored Use
- Air Filtration
- Personal Protective Equipment
- Safe Handling Practices
- Other - please describe \_\_\_\_\_

## **ACKNOWLEDGEMENTS**

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- I have successfully completed any training required to engage in the proposed activities.
- I assume responsibility to review and comply with relevant campus and university policies related to the proposed activities.
- The activities related to this request will not disrupt , interfere with, or negatively impact other activities in neighboring areas.
- The activities related to this request will not have a detrimental effect on the designated space, its contents, or the surrounding vicinity.
- The proposed use and activities will not cause harm to the building's structure or surfaces.
- In the event of any damage, the department will be charged for the repair costs to restore the space or equipment.
- All materials and work products must be removed by the specified end date.
- If materials or work products are left beyond the specified end date, the department will be charged for any associated costs for removal and disposal.

## SIGNATURES

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Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Name - Chair/Director/Supervisor: \_\_\_\_\_

Email Address – Chair/Director/Supervisor: \_\_\_\_\_

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Do you approve this request?

- No
- Yes
- Yes, with the following conditions:

Chair: \_\_\_\_\_ Date: \_\_\_\_\_

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This request for space or equipment is

- Denied
- Approved
- Approved with the following conditions:

FabLab Director: \_\_\_\_\_ Date: \_\_\_\_\_