|  |  |  |  |
| --- | --- | --- | --- |
| From | insert details | PCF # |  |
| Department | insert details | Date issued | insert details |
| Lead User | insert details | Email address | insert details |

Form to be sent back to:

**Sarah Grant  
Room 6.025**

**Capital & Development Team**

**Estates**

Tel: **01206 872945**

Email: [**slmaid@essex.ac.uk**](mailto:slmaid@essex.ac.uk)

|  |
| --- |
| **Notification of Proposed Change**  **If you are considering a change of use or modifications to a room or area of the estate the First Step is to complete and submit this form to the estates services section.**  **All sections need to be completed even if the answer is not applicable N/A**  **On receipt of form by the Capital & Development Team it will be allocated a number. It will then be passed to the appropriate staff for technical assessment and action. Further approvals may be required on which you will be consulted.** |

| **Ref** |  | **Response** | UoE Use |
| --- | --- | --- | --- |
|  | **USE** |  |  |
|  | Location | campus, building, room # |  |
|  | Existing Use | insert details |  |
|  | Proposed Use | insert details |  |
|  | Specialist Equipment to be Installed | insert details |  |
|  | **ADAPTATION** |  |  |
|  | Building Requirements (incl structural works, finishes & fittings etc.,) | insert details |  |
|  | Mechanical Requirements (incl, plumbing, drainage, ventilation etc.,) | insert details |  |
|  | Electrical Requirements (incl fire protection/detection) | insert details |  |
|  | Data Requirements | insert details |  |
|  | Telephone Requirements | insert details |  |
|  | Security Requirements | insert details |  |
|  | Signage (Including fire signage) | insert details |  |
|  | Other Requirements? | insert details |  |
|  | **COSTS** |  |  |
|  | Estimated Value of Works or Budget | insert details |  |
|  | Source of Funds | insert details |  |
|  | Cost Code for Initial Works | insert details |  |
|  | Ceiling of Costs for Initial Works | insert details |  |
|  | Do you have sufficient funds to support the project? | Choose an item. |  |
|  | Do you require additional approval to progress the project? | Choose an item. |  |
|  | Signed:  (include name & position) |  |  |

**C&D Use Only**

|  |  |  |
| --- | --- | --- |
|  | Date Received |  |
|  | Project Officer |  |
|  | Approval to Proceed |  |
|  | Maintenance Team |  |
|  | Building Regs |  |
|  | Planning |  |
|  | Space Committee Approval |  |
|  | Safety |  |
|  | Environmental Health |  |
|  | Listed Building Consent |  |
|  | CDM |  |
|  | Fire Certificate Amendment |  |
|  | Other Statutory Requirements |  |
|  |  |  |