



# PROJECT INITIATION FORM

PLANNING, DESIGN AND CONSTRUCTION

125 PDC Building • Baton Rouge, LA 70803 • [www.lsu.edu/pdc](http://www.lsu.edu/pdc)

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: <small>(if different from requestor)</small>		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:			
<b>Check project request type</b>			
Estimate Only	Feasibility Study	New Construction/ Addition	Renovation/ Refurbishment
Repair/ Maintenance	Furnishings/ Equipment	Building Exterior/ Roof	Landscape/ Site
Mechanical	Electrical	Plumbing	
Other Request - Specify:			
<b>Project Description:</b> (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.)			
<b>Special Architectural Features Required:</b> Please describe (Ex. Suspended ceilings, special flooring, soundproofing, etc.)			
<b>Special Electrical &amp; Lighting Requirements:</b>		<i>If yes, please describe.</i>	
Yes    No			
<b>Number of Receptacles Needed:</b>			
<b>Audio/ Visual Equipment:</b>			
List equip. with installation requirements.			

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B. PROJECT INFORMATION continued	
<b>Security Alarm System Requirements:</b> Yes      No	<i>If yes, please describe.</i>
<b>Special Plumbing Requirements:</b> <b>(Drains, emergency showers, gas, air, etc.)</b> Yes      No	<i>If yes, please describe.</i>
<b>Heating, Air Conditioning, Ventilation &amp; Humidity Requirements</b>	
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>
<b>Telecommunications Requirements:</b> <i>(Please indicate location of outlets on plans, sketches, etc.)</i>	
<b># Telephone outlets required:</b>	<b># Fax Line outlets required:</b>
<b># Data Line outlets required:</b>	

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

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

*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			
<b>PREPARED BY:</b>	<b>Name:</b>	<b>Date:</b>	
<b>Name of Dean, Director or Vice Chancellor who has reviewed and approved this request</b>			
<b>Name:</b>		<b>Title:</b>	
<b>Email:</b>		<b>Phone:</b>	