

# SWCSD #1 Plan Review

Name of Building \_\_\_\_\_  
Name of Location \_\_\_\_\_  
Reason for Request \_\_\_\_\_  
Person Making the Request \_\_\_\_\_

- New Equipment / Additional
- Replacement Equipment
- If a replacement, what is the current voltage being supplied \_\_\_\_\_
- If new, enclose a copy of the Specs
- Structural modifications required
- Plumbing required
- Electrical required
- Does the purchase include installation
- If the purchase includes installation, is it a turn key installation
- Estimated job cost (Where applicable)
- Grant money
- School budget
- District budget
- Other
- Include two drawings. 1) The area as it currently is. 2) The proposed location of the new equipment. (Where applicable)
  
- Person making the request \_\_\_\_\_
- Building Administrator \_\_\_\_\_
- Activities Director \_\_\_\_\_
- Review Committee Initials \_\_\_\_\_
- Facility Director \_\_\_\_\_
- Superintendents \_\_\_\_\_
- State and/or Local AHJ \_\_\_\_\_

