

Proposed New Construction

Facility

Building Name

Facility Head Printed Name

Signature

Date requested: _____

Short Description of Project (i.e., office building, laundry, kitchen, inmate housing, education etc.; explain what changes are requested and why):

Estimated value of building when completed: \$ _____
(including architectural engineering estimates)

Architect Cost: \$ _____

Construction Cost: \$ _____

State Fire Marshal: \$ _____

- Please submit the following:**
- Facility site plan/diagram where new building is to be located
 - Drawing of new building with dimensions noted
 - Back-up generator Yes No
 - List all desired electrical equipment now and future
 - Plumbing needs and ADA: # of stools, sinks, urinals, mop rooms, water fountains, water outlets (inside and outside), eye wash areas, showers, ice machines etc.
 - Special HVAC needs (if any)
 - List telecommunication needs: telephones (inmate and staff), computers, copiers, printers, intercommunication system, security surveillance equipment
 - Fire alarm system
 - Sprinkler system
 - Micro-Net system (if needed)
 - Type of roofing (i.e., metal roofing)
 - List of any questions (attached)
 - List any other building issues (attached)
 - Consideration of how the design, acquisition, expansion, or modification will affect the agency's ability to protect inmates from sexual abuse

Approved Denied

Chief Administrator of Institutions/Community
Corrections and Contract Services Signature

Date

Approved Denied

Chief of Operations Signature

Date