

Development Permit Application Form [Includes space requests]

Prior to submitting any requests the Unit / College leadership should approve. Please see DEVELOPMENT PERMIT PROCESS for details on completing and submitting this form.

SECTION ONE: ALL AP APPLICANT INFORM	<u>PLICANTS TO COMPLET</u> MATION:	E		
College/Department/Uni	t or Company:			
Primary Contact Name a	and Title:			
Phone Number: Email:				
Address [include buildin	g name and floor]:			
Current Room or Area -	USask only:			
APPLICANT REPRES	SENTATIVE: [example -	project mana	ger / Facilities SBA]	
College/Department/Uni	t or Company:			
Name and Title:				
Phone Number:		Email:		
Address		1		
Activity Request Na	ne:			
Timeline and Perma	nence:			
☐ Permanent			Date Needed by:	
☐ Temporary	Number of Months:			
Summary – Activity [ATTACHED DRAWINGS / S	Purpose / Objectives / ITE PLAN AS APPLICABLE]	Schedule /	Plans:	
Authorized Applicant S	ignature:		_ Title:	
Date:			Phone:	



SECTION TWO: INTERNAL (USASK)

Space (by room)							
Existing WO# or FP# (if applicable):							
Building:							
Room:							
Size (Sq.M.):							
Additional Requirements:							
□ Electrified							
☐ Heated							
Secure							
☐ Proximity to							
Occupant/ Use of Space		Pri	mary Use				
☐ New Hire			Instruction				
☐ Temporary			Research				
Permanent			Public				
Full Time			Service				
☐ Relocation		☐ Administration					
Other (Space Surrender, etc.)			☐ Support				
Occupants							
NAME	DESCRIPTION		QUANTITY	SIZE			



ADDITIONAL INFORMATION:					
Equipment / Furnit	furo				
Equipment / Furnit Description	Quantity	Size	Existing or New		
Description	Qualitity	JIZ6	LAISTING OF INEW		
_					
Leatification of Cn					
JUSTIIICation or op In what way is this r	ace	cur in your existing space	.2		
III WHAL WAY IS A	Equilonioni anabie te e	Jul III Your Onioning Space	, i		
How does this reque	et fit within the Mission.	Vision and Goals of your	department and the University?		
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Mbat banafite will th	nis space request allow ye	au ta ashisus?			
What benefits will th	ils space request allow yo	ou to acmeve r			



If this request is unsuccessful, what are the consequences?	
Is renovation of the space to be required to meet your needs?	
How will relocation costs and/or renovation costs be financed for the requested	space?
Additional Information	
Signature of Unit / College Leadership Group Date	
Internal University Use:	
Application No.:	
File No.:	
Amendment to Campus Plan Required: Yes No	
Application Fee \$:Date Received:	
Date Permit Issued: Permit No:	