

**DEPARTMENT OF ADMINISTRATIVE SERVICES
SPACE PLANNING REQUEST FORM**

AGENCY _____ DIVISION OR UNIT _____

CURRENT ADDRESS _____

AGENCY CONTACT _____

PHONE _____ FAX _____

SPACE PLANNING IS REQUESTED IN A:

_____ DAS OWNED BUILDING (NO FEE FOR SPACE PLANNING)

Building Name: _____ Floor: _____ Suite: _____
Address: _____

_____ STATE OWNED BUILDING (HOURLY FEE FOR SPACE PLANNING)

Building Name: _____ Floor: _____ Suite: _____
Address: _____
Building Manager: _____ Phone: _____ Fax: _____

_____ LEASED FACILITY (HOURLY FEE FOR SPACE PLANNING)

Building Name: _____ Floor: _____ Suite: _____
Address: _____
Building Manager: _____ Phone: _____ Fax: _____

REQUEST FOR SPACE PLANNING DUE TO:

_____ POOR USE OF EXISTING SPACE

_____ EXPANSION OF EXISTING UNIT

_____ CREATION OF NEW UNIT

_____ RELOCATION TO A NEW SPACE

DOES THIS ACTION:

REQUIRE A MOVE? YES _____ NO _____

AFFECT OTHER UNITS? YES _____ NO _____

REQUIRE REMODELING? YES _____ NO _____

ARE AGENCY FUNDS AVAILABLE? YES _____ NO _____

IF REMODELING IS REQUIRED, GIVE A BRIEF EXPLANATION: _____

NUMBER OF EMPLOYEES ON STAFF _____
5 YEAR PROJECTION OF GROWTH _____
EXISTING SQUARE FOOTAGE _____
ADDITIONAL SQUARE FOOTAGE EXPECTED _____

DESIGN SERVICES: PLEASE DESIGNATE WHICH OF THE FOLLOWING SERVICES YOUR AGENCY MAY REQUIRE FOR THIS PROJECT.

INITIAL NEEDS ASSESSMENT. (APPROXIMATELY 1 HOUR –NO CHARGE)

PRELIMINARY PLANNING. (HOURLY FEE FOR WORK IN A NON-DAS OWNED OR LEASED FACILITY.)

_____ **PREPARATION OF WRITTEN PROGRAMMING DOCUMENT.** AN ANALYSIS OF BASIC NEEDS AND WORKFLOW RELATIONSHIPS .

_____ **BLOCK DIAGRAM.** LAYOUT OF PERSONNEL WORKSTATIONS AND SHARED AREAS FOR OFFICE SPACE ALLOCATED.

ORGANIZATION OF TOTAL OFFICE ENVIRONMENT (HOURLY FEE FOR WORK IN A NON-DAS OWNED OR LEASED FACILITY)

_____ SPACE PLANNING INCLUDING PREPARATION OF DRAWING(S) OF OPEN LANDSCAPE WORK STATIONS FOR CONVENTIONAL OR SYSTEMS FURNITURE AND ENCLOSED OFFICE AREAS.
_____ PREPARATION OF DRAWING(S) FOR REMODELING
_____ ILLUSTRATED DESIGN CONCEPTS
_____ MICRO-PLANNING. SYSTEMS FURNITURE COMPONENT LAYOUT
_____ ELECTRICAL LAYOUT
_____ LIGHTING LAYOUT
_____ FURNITURE / EQUIPMENT SOURCES
_____ PAINT OR WALLCOVERING SELECTION
_____ FLOOR COVERING SELECTION
_____ CONSULTATION ON FINISHES AND FURNITURE SPECIFICATIONS ONLY

CONSULTATION WITH THIRD PARTIES (HOURLY FEE FOR WORK IN A NON-DAS OWNED OR LEASED FACILITY.)

- _____ BUILDING LANDLORDS – DAS OWNED FACILITIES, STATE OWNED FACILITIES, AND LEASED FACILITIES.
- _____ DESIGN PROFESSIONALS– FURNITURE VENDORS, ARCHITECTS, AND INTERIOR DESIGNERS.
- _____ GENERAL CONTRACTORS– ELECTRICIANS, TELEPHONE/ DATA CABLERS, MOVERS, INSTALLERS, AND CONSTRUCTION CONTRACTORS.
- _____ OTHER

PROJECT MANAGEMENT SERVICES (HOURLY FEE FOR WORK IN A NON-DAS OWNED OR LEASED FACILITY)

- _____ PRE-INSTALLATION MEETING(S)
- _____ PERIODIC SITE REVIEW
- _____ OVER-SEEING INSTALLATION OF OFFICE FURNITURE/ EQUIPMENT
- _____ PUNCH LIST – FINAL INSPECTION AND LISTING OF DEFICIENCIES

_____ AGENCY AUTHORIZATION (PLEASE SIGN AND PRINT) TITLE

DATE _____

PHONE NUMBER _____

Please return to:

Dept. of Administrative Services, Facilities Division
Planning and Construction Project Management Section / Space Planning
1225 Ferry St. SE, U100
Salem, OR 97301-4281