



University of South Carolina
Department of Facilities Planning
Space Request Form

Print Form

Part I

Contact Information

Date Initiated: _____

Name: _____

Title: _____

Department/School: _____

Phone: _____

Fax: _____

Email: _____

Type of Request

- | | |
|---|--|
| <input type="checkbox"/> University Owned Space | <input type="checkbox"/> Renewal of Existing Lease |
| <input type="checkbox"/> New Leased Space | <input type="checkbox"/> Do Not Renew Lease |
| <input type="checkbox"/> Cancel Existing Lease | <input type="checkbox"/> Change Existing Lease |

Lease Number: _____

Description of Request:

Part II

General Requirements

Date Space is Needed and Duration

From: _____ **To:** _____

Considerations for Space Request (Select all that apply)

- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> USC Connectivity | <input type="checkbox"/> Parking | Number of Parking Spaces: _____ |
| <input type="checkbox"/> Non-USC Connectivity | <input type="checkbox"/> Security | |
| <input type="checkbox"/> Loading Dock | <input type="checkbox"/> Access Times/ Building Security | |

Location Preference: _____

Please list any additional preferences (i.e. operation beyond normal business hours 8am-5pm)

Funding Sources (Required for all space requests)

Please indicate funding sources for costs which will result from allocation of this space.

Department Number **Fund Number** **Object Code (Completed by FPC Office)**

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Justification for Space

Function / Program Description

Discuss function of the department for administrative related space request. Discuss program for academic related space request.

Justification

Justify why space is needed and indicated why the current space is inadequate.

Space Relinquished

Indicate any space that will be relinquished if new space is allocated.

Space Alternatives

Discuss any alternative considered, including reconfiguring existing space.

Part III

Description of Office Space Needs

Office/General Office Service Space Need (300s Room Use Codes)

Personnel Type	Office Type	Quantity	Comments
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Common Storage Files (Does not include file cabinets located in offices. Files that need to be accessed on a regular basis.)

Lateral Files(30", 36", or 42" wide by 14"-20" deep) (10 ASF):

Vertical Files (15"-18" wide by 25"-28" deep) (7 ASF):

Conference (Indicate size in terms of number of seats required.)

Break Area

Describe Additional Office Related Space Needs

Other Space Types (Room Use Codes 100s, 200s & 400s-900s)

Other Types of Space Needed

Room Use Code	Room Use Description	Functional Category	# of Rooms	Estimated ASF	Total ASF	Please describe any special features (i.e. wet lab vs. dry lab)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Total Other Space Type					_____	

Total Estimated Space Need (For planning purposes only)

_____ **Total Assignable Square Footage**
 (Sum of total office/general office service and total other space types)

_____ **Total Rentable Space (For Leased Space Request Only)**
 Includes an 18% conversion factor added to the assignable square feet to calculate rentable square feet. Rentable square feet includes tenant's share of building common areas that provide service to the building tenants (i.e. building, lobby, electrical room, elevator area, etc.)

Part IV

Approval

	Signature	Date
Requester	_____	_____
Department Head/Director	_____	_____
Dean	_____	_____
Vice President/Provost	_____	_____

Send approved Space Request forms to the attention of the Campus Space Manager

Facilities Planning, Design, and Construction
 1300 Pickens Street
 Columbia, SC 29208

Questions? Contact:
 Rick Jerald
 Campus Space Manager
 777-5686
 rjerald@email.sc.edu