



Work Order Request for B.C.C. Services

Project Manager _____ Phone # _____ Fax # _____ Date _____

Department/Office (Check (✓) one)

CIP Const. CIP JOC M & O Other _____ Work Location # _____

Project Location/General Information

Location # _____ *Est. Const. Costs \$ _____ Region _____ Leased Bd. Owned
School or Facility Name _____ Project # _____
(Capital Projects Only)
Project Name _____ A. M. P. # _____
(Maintenance Only)
A/E of Record _____ Compass # _____
(Maintenance Only)

Project Type (Check (✓) all applicable)

New Facility Addition ADA Life Safety Re-Roofing M & R Sign/Site Improvement
New Reloc. Exist. Reloc. Site Closeout Demolition Remodeling Renovation Other _____
Prototype Placement *(Describe below)*

Project Delivery (Check (✓) all applicable)

Day Labor Conventional CIP JOC
Design/Build M & O JOC CM @ Risk
Other _____
(Describe below)

Funding (Budget Approval Required)

Approved _____ Fund _____ Object _____
Location _____ Program _____ Function _____
Other _____
(Describe below)

Services Requested (Check (✓) all applicable)

Fire Review Plan/Spec Review Inspections

Project Services Required (Check (✓) all applicable)

Phase I Phase II Phase III Design Crit. Pckg. Review Progress Inspections
Leased Facility Inspection Site Insp. LCCA **Priority Review Occupancy Inspection Other _____
(Describe below)

Comments: _____

Requested by: (Print Name) _____ PM or Supervisor Signature _____ Date _____

Assignment (Do not write below this line)

BA & P RF & A R & I Entity EFC Other Occupancy Inspection Required Not Req'd
"Plus" Services TRSC F.S.O.I. EHSR MOBILIZATION
PRIORITY PH. 1 PRIORITY PHSE III

Gilbert C. Coulton, P. E., Building Official _____ Date _____
M-DCPS Educational Facilities Compliance

*If project is under \$200,000 you MUST include a detailed scope of work with this form and also contact Document Control for Ed. Spec./Ed. Financial and/or Grant Money review applicability and to provide record set. **Requires letter from CIP.