

Project Initiation Form

Tenant Name _____

Facility/ @WUjcb _____

Project _____

A. Scope Description (Indicate the number of submission packages)

Emergency Works Application Phased Occupancy Other

Square Footage (Approximate)	Cost Estimate	Schedule Estimate (MM/DD/YY)	
SF	\$	From	To

Are there any:	Yes	No
Code Issues	<input type="checkbox"/>	<input type="checkbox"/>
Impacts on life safety systems	<input type="checkbox"/>	<input type="checkbox"/>
Impacts on fire protection systems	<input type="checkbox"/>	<input type="checkbox"/>
Impacts on ventilation systems	<input type="checkbox"/>	<input type="checkbox"/>
Egress changes	<input type="checkbox"/>	<input type="checkbox"/>
Structural integrity impacts	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials present / used	<input type="checkbox"/>	<input type="checkbox"/>

B. Project Team (if known) Are team members licensed in State where work is being performed? (check below as applicable)
 NOTE: Tenants are required to comply with the PA's M/WBE Program goals.

- Design consultant
- Contractor(s)
- Other

C. Requested By

Contact _____

Firm Name _____

Signature _____ Date _____

Copies To _____

Project Determination (FOR PA USE ONLY)

- Tenant Alteration Application Approved as Emergency Works Application
- Minor Works Application Emergency Works No. _____

Tenant Coordinator _____

Signature _____ Date _____

To be submitted under cover letter from Tenant.