



**The Hong Kong University of Science and Technology  
Campus Development Office**

**Request for Building Minor Works/Alterations/Additions**

*This form is to be used to request work in all buildings including addition/extension of services such as electricity, water, etc.*

Requesting Department/Centre : \_\_\_\_\_ Date of Request : \_\_\_\_\_

Contact Person Name : \_\_\_\_\_ E-mail : \_\_\_\_\_ Telephone No. : \_\_\_\_\_

Location of Works (e.g. Room No.) : \_\_\_\_\_

Brief Description of Work : *(attach sketch as appropriate)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Works Required :

- |                                         |                                        |                                         |                                       |
|-----------------------------------------|----------------------------------------|-----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Electrical     | <input type="checkbox"/> Single Phase  | <input type="checkbox"/> Three Phase    | <input type="checkbox"/> Essential    |
| <input type="checkbox"/> Cold Water     | <input type="checkbox"/> Hot Water     | <input type="checkbox"/> Flushing Water | <input type="checkbox"/> Drain        |
| <input type="checkbox"/> Dionized Water | <input type="checkbox"/> Sink          | <input type="checkbox"/> Town Gas       | <input type="checkbox"/> Nitrogen Gas |
| <input type="checkbox"/> Vacuum         | <input type="checkbox"/> Exhaust Point | <input type="checkbox"/> Fume Cupboard  | <input type="checkbox"/> Exhaust Hood |
| <input type="checkbox"/> Door           | <input type="checkbox"/> Wall          | <input type="checkbox"/> Floor          | <input type="checkbox"/> Glazing      |
| <input type="checkbox"/> Ceiling        | <input type="checkbox"/> Other _____   |                                         |                                       |
- \_\_\_\_\_
- \_\_\_\_\_

Desirable Completion Date : \_\_\_\_\_

Relative priority of this project among all service requests by Department/Centre : \_\_\_\_\_ of \_\_\_\_\_ (eg. 1 of 3)  
*(rank this project in numerical order with respect to all requests by this unit; do not use the same number twice)*

Department Head : \_\_\_\_\_ Date : \_\_\_\_\_  
Signature

School/Branch Priority : \_\_\_\_\_ of \_\_\_\_\_

Comments : \_\_\_\_\_  
\_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_  
President or VP or Dean or Designate

Note : When form has been completed, please send to Campus Development Office.

**The Hong Kong University of Science and Technology  
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**(THIS SIDE FOR PRIORITY COMMITTEE USE ONLY)**

**External Approval Required :**

BOO       FSD       UGC       Other \_\_\_\_\_

**Resources Required**

**Estimated Days**

Approval	_____
Design	_____
Construction	_____
Testing & Commissioning	_____
Benching Manufacturing	_____
Shipping	_____
Benching Installation	_____
Final Testing & Commissioning	_____

**Funding :**

Estimated Total Cost : \_\_\_\_\_

<u>Account Code</u>	<u>Description</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Committee Priority Designation :**

Health/Safety     A: Critical     B: Essential     C: Desirable     D: Cosmetic     Denied

**Comments :**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_