



## Permanent Structure of Facility Alteration Request Form

Date of Request: \_\_\_\_\_

Location/Building: \_\_\_\_\_

Name of person or group making request: \_\_\_\_\_

\_\_\_\_\_

Description of proposed project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Project Cost: \_\_\_\_\_

District/School Cost: \_\_\_\_\_

Donated Amount: \_\_\_\_\_

Projected Operation/Maintenance Cost: \_\_\_\_\_

Name of Group or Individual making the donation:

\_\_\_\_\_

\_\_\_\_\_

People/Group that will do the work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If contract labor will be used, please complete the following:

Name of Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Background check of contracted labor has been verified by:  
\_\_\_\_\_ Date: \_\_\_\_\_

Attach any pictures, diagrams or blueprints for the proposed project.

Approval Signatures:

Date	Title	Signature
	Principal or Building Administrator	
	Supervisor of Maintenance and Operations	
	Executive Director of Business and Operations	
	Executive Director of School Leadership	
	Superintendent of Schools	

***Project work may not begin prior to ORS Board of Education approval.***

Board Approval Date: \_\_\_\_\_