DESIGN REVIEW COMMITTEE REQUEST FORM*

WSU PULLMAN CAMPUS AND SURROUNDING AREA

А.	Party Requesting Proposed Change: Department:		
	Name:		
	Signature	Date	
B.	Design Committee Action and Recommen	ign Committee Action and Recommendation:	
	Approved		
	Not Approved		

Design Review Committee Chair Signature and Date:

Louise Sweeney, Project Manager Lead

C. Facilities Services Approval: (if necessary)

Associate VP of Facilities Services Signature and Date:

Olivia Yang, Associate VP

D. Copies to:

*Send complete form to:

Louise Sweeney, Committee Chair Facilities Services, Capital 110 Commons, Zip 3611

DESIGN REVIEW REQUEST

 Please check all that apply:
 a.) _____
 New project

 b.) _____
 Change in existing condition

 c.) _____
 Temporary

 d.) _____
 Permanent

- 1. Area of campus involved (if several potential sites, please prioritize)
- 2. Describe the proposed design problem/solution or situation. Attach a photo or drawing/sketch or whatever will help the Design Committee understand your request.

3. Potential impacts/conflicts that could occur as a result of this alteration:

4. Management program for the design and statement of responsibility by department/agency for preparation, maintenance, and restoration if needed.