**Iowa State University**

**Facility Closure and Demolition Request**

Building description:

Abbreviation and Name:

Gross square feet:

University current building value:

Current or most recent occupants and use:

Annual operating costs:

|  |  |  |  |
| --- | --- | --- | --- |
| Responsible Organization | Facilities Expense or O&M (without utilities) | Utilities | Total |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Totals |  |  |  |

Closure and Demolition request:

Organization initiating request:

Building(s) to which occupants and functions relocated:

Rationale for demolition, associated costs and schedule:

* Rationale and any associated costs for required building repair/renovations:
* Estimated demolition cost:
* Fund source for demolition:
* Proposed schedule for demolition:
* If funding for demolition not currently available, request for only closure at this time.
* Acknowledgement of continuing responsibility for operations, maintenance and utilities costs until building is demolished.

Building-related information:

* Equipment relocated or properly disposed:
* Hazardous material abatement requirement: Yes. Will be coordinated through EH&S.
* Site restoration requirements after demolition:
* Building historic value or interest to alumni or local community:
* Demolition impact on campus other than normal construction activities:

Requested by:

Unit Administrator Name

Title

Recommended by:

Associate Vice President, Facilities Planning and Management

Senior Vice President for Operations and Finance

 Approved for demolition

President