

Facility & Property Services Physical Access Compliance Program



2014

Architectural Barrier Survey Request Application

Submittal Date

Requestor Information:

RE Representative: _____ Email: _____ Phone: _____

Facility Representative: _____ Email: _____ Phone: _____

Billing Contact: _____ Email: _____ Phone: _____

Address: _____ City: _____

Survey Type (select one):

- Complete Survey** (Survey will consist of a thorough interior and exterior accessibility inspection)
- Path of Travel/Accessible Route** (Survey will consist of public spaces, public parking and route leading from/to the space)
- Preliminary Accessibility Investigation** (Includes potential acquisitions and validation studies)

Building and Site Information:

Region: _____ Affiliate: _____ Facility: _____

Address: _____ City: _____

Floor or Suite #: _____

Is the building? Single Occupant Multi-tenant

Is the parking? Assigned Shared Ground Level Multi-level Parking Garage **Other:** _____

Has portion of the building or site been surveyed previously? Yes No

Overall building square footage: _____ Suite square footage: _____ Number of floors: _____

Date of last major remodel: _____ Age of building: _____

Proposed usage of space: _____

Documentation Needed:

- Provide overall floor plan and site plan and note location of nearest public transit stop.
 - Identify whether the intent is to occupy existing space without modifications.
 - Provide a floor plan indicating proposed layout and design (when modifications are expected).
 - Indicate "employee only" areas.
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FPS PAC Use Only:

Real Estate Number: _____

In-House Survey: Yes No

3PR: _____

Date of proposal received: _____

Date of Survey: _____