

BUILDING CHANGE REQUEST
STATE PRESERVATION BOARD

SPB use only

SPB File No. _____ **Work Order No.** _____

REQUEST

Agency: Governor Senate House SOS SAO TLC SAC
LBB SPB DPS LRL Sterling Bistro TEC DIR
Other (specify) _____

Date of Request Member Room Number or Location Telephone / Fax Number

Requested By Position or Title Email Address Attachments: Yes No

Briefly describe the requested change and the reason for the change:

*** Agency Approval** _____ Or _____ Or _____ Date _____

Patsy Spaw Charlie Geren Head of Agency (checked above)

Request Reviewed Request Denied

REVIEW *(to be completed by SPB)*

Reviewer Signature Request Reviewed Request Reviewed with Modifications

Request Denied

Date Modification: _____

ESTIMATE COST *(to be completed by SPB)*

Estimated Cost Estimate Provided By Date of Estimate

APPROVAL AND ACCEPTANCE OF COST *(required prior to start of requested work)*

Agency: _____ Source of funds _____

Or _____ Or _____

Member **Authorized Member's Staff** **Authorized Agency Signature**

Date _____

***FINAL APPROVAL** _____

***REQUIRED SIGNATURES** Bob Cash, SPB Director of Facilities Date