

Space Planning Estimate

Work Area Calculations

Space Planning Form #3

Division/Section _____

Director _____ Phone _____ E-Mail _____

Project Contact _____ Phone _____ E-Mail _____

General Comments

Please explain any special considerations or exception conditions. Clarify your answers to the preceding questions if necessary. Be as complete as possible. Indicate any special requirements that must comply with the Health Insurance Portability and Accountability Act (HIPPA) privacy issues. You are invited to include comments about such things as lighting, acoustics, special security requirements, etc., or other matters concerning your work facilities you feel would be beneficial.