

Facilities Management Design & Construction

DEVIATION REQUEST FORM

Deviation Request Number:

	=	and return via email to the UI Des	
Date:		Project Phase:	
UI Project Name:			(SD, DD, CD)
UI Project Number:	Owner's Des	sign Project Manager:	
Design Professional (DP):		DP Representative:	
DP Email Address:		Phone: ()	(first and last name)
Design Standards Edition:	Section Numbe	r:	Page Number:
Description of Deviation: (atta	ach additional page(s) as need	ed)	
Justification for Deviation Req	uest: (attach additional page(s) as needed) <i>Include Total Cos</i>	t of Ownership Comparison
Attachment List:	Total number of pages attached:		
Reviewed / Approved By:			
Response Code: R&A – reviewed & 1)	approved, NA – not applicable, RAN - 2)	- reviewed as noted, R&R - revise & 3)	resubmit, NR – not recommended
(Department Name)	(Department Name)	(Department Name)	(Department Name)
Response	Response	Response	Response
(Signature & Date)	(Signature & Date)	(Signature & Date)	(Signature & Date)
5)	6)	7)	8)
(Department Name)	(Department Name) Response	(Department Name) Response	(Department Name)
(Signature & Date)	(Sianature & Date)	(Signature & Date)	(Signature & Date)

MISCELLANEOUS FORMS 780

*BLS, UIU (Ben Fish), Public Safety (Dave Visin), Fire & Life Safety (Brent Anderson), and FIMS (Kirk Banks) are required for main campus deviations.

MISCELLANEOUS FORMS 780

^{*}Capital Management, Engineering Services, and Safety & Security required for UIHC deviations.

^{*}Include all other project stakeholders impacted: P&T, ITS, Campus Planning, HCIS, etc.