



Facilities Management

Project Preliminary Design Approval Form

Project Name: _____

Project Code: _____

A/E Firm: _____

A/E Contact: _____

DEB/BCOM Reviewer: _____ Date: _____

FP&C Project Manager: _____

Signature: _____ Date: _____

Facilities Management Reviewer: _____

Signature: _____ Date: _____

Executive Director of Facilities and Construction: _____

Signature: _____ Date: _____

Director of Engineering and Construction: _____

Signature: _____ Date: _____

Telecommunications Reviewer: _____

Signature: _____ Date: _____

Public Safety Reviewer: _____

Signature: _____ Date: _____

Program Office/Department: _____

Signature: _____ Date: _____

Return to Facilities Planning and Construction Project Manager