CALPIA Number:	_ Date:
Communica	tion Center Plan Check
■ Please note that completion of this form is intent of Agency:	to purchase. CALPIA will charge for work that does not result in a purchase order Project Name:
Address:	Address:
City: Zip:	City: Zip:
Agency Contact:	
Phone: Fax:	
e-mail:	
Estimated Occupancy Date:	
	Proposed Install Date:
This form must	be completed prior to project start up!
The following information is required prior	
Plans reviewed for spatial/layout problem Ceiling height: Finishes - Please indicate color choices Panel Fabric: Panel Laminate: Panel Glass: Clear Smoke Do you want Pedestals with seats? (Actually Yes No (If yes then what color are the pedestals?) System Components/Trim: Stone Slate Carbon (It. Grey) Clok. Grey)	Does the building have: Carpet Tile/Linoleum Floors Are pedestal configurations noted? Yes No Is the project site occupied? Yes No Is this new construction? Yes No Is the lease signed? Yes No Sand Any special key/lock requirements?
Worksurface Laminate/T-Molding:	(Vanillia) Yes I No (All individual workstation components will be keyed allike unless otherwies specified on the drawing) Is there a "phased" occupancy?
Birch/Birch Stone C Natural Canvas/Pumice Folksto Crayon/Birch Crayon/Folkstone Maple/E Cherry/Black Custom Lam/T-Mold (specify) Stone C Folksto Earthwa Earthwa (Patterns other thar minimum 90 days I	minate Yes No







CALPIA Number: _____