

Return completed form as needed to:
Office of Educational Facilities
 325 West Gaines Street, Room 1054
 Tallahassee, Florida 32399-0400
 (850) 245-0494, **SUNCOM-205-0494**
 Fax (850) 245-9236 or (850) 245-9304

FLORIDA DEPARTMENT OF EDUCATION
 Office of Educational Facilities

OEF USE ONLY

**PROJECT IMPLEMENTATION
 INFORMATION**

INSTRUCTIONS: Submit one copy of the completed form for each project over \$~~200~~300,000 when information is available prior to construction. Complete each item, if applicable. Reproduce this form in sufficient quantity for your use.

OEFIS # _____

RE: _____ (School District Community College)
 _____ (School Name Campus)
 _____ Name of Project

1. Brief description of proposed work: _____

2. Budget: \$ _____ 3. Student Stations (Additional): _____ 4. Square Feet: _____

As Applicable:

5. Architect:	_____	_____	_____
	Firm Name (Type or Print)	License #	Expiration Date
	_____	_____	_____
	Name of Architect (Type or Print)	License #	Expiration Date
6a. Engineer:	_____	_____	_____
	Firm Name (Type or Print)	License #	Expiration Date
6b. Engineer:	_____	_____	_____
	Firm Name (Type or Print)	License #	Expiration Date
6c. Engineer:	_____	_____	_____
	Firm Name (Type or Print)	License #	Expiration Date

Mechanical Engineer	Electrical Engineer	Civil Engineer	Structural Engineer
_____	_____	_____	_____
Name	Name	Name	Name
_____	_____	_____	_____
License #	License #	License #	License #
_____	_____	_____	_____
Expiration Date	Expiration Date	Expiration Date	Expiration Date

As Applicable:

7. Construction Management: _____ 8. Program Management: _____
 9. Design/Build Firm: _____ 10. Other (specify): _____

11. Plan Review Entity: Department of Education

Architect	Mechanical Engineer	Electrical Engineer	Civil/Structural Engineer
_____	_____	_____	_____
Name	Name	Name	Name
_____	_____	_____	_____
License #	License #	License #	License #
_____	_____	_____	_____
Expiration Date	Expiration Date	Expiration Date	Expiration Date

12. Building Official: _____
 Name (Type or Print) _____ Expiration Date _____
 Building Official License Number _____

