DEVIATION REQUEST FORM

This form shall be used by Design Professional to request a deviation from the Design Standards & Procedures and must be completed prior to bid document phase. Please complete and return via email to the UI Project Manager in .pdf format.

Date: ____________________  Project Phase: ____________________ (SD, DD, CD)

UI Project Name: ____________________

UI Project Number: ____________________  Design & Construction Project Manager: ____________________

Design Professional: ____________________

Design Professional Representative: ____________________ (first and last name)

Email Address: ____________________  Phone: (____) ____________________

Design Standards Edition: July 2017  Section Number: 4.2.16.1  Power Operators  Page Number: 209

Description of Deviation: (attach additional page(s) as needed)
Power Operators shall be electrohydraulic LCN Model #4630/4640 with concealed switch (CS) option and thru bolted.

Justification for Deviation Request: (attach additional page(s) as needed)
The LCN does not require substantial force to open the doors in manual mode. The UI prefers not to relegate people who typically do not need power door assistance by requiring them to use such features when entering and exiting a facility.

Attachment List: None  Total number of pages attached: __0__

Approvals:

<table>
<thead>
<tr>
<th>Building &amp; Landscape Services</th>
<th>Utilities &amp; Energy Management</th>
<th>Space Information</th>
<th>(Department Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommended</td>
<td>Recommended</td>
<td>Recommended</td>
<td>Recommended</td>
</tr>
<tr>
<td>Recommended as Noted</td>
<td>Recommended as Noted</td>
<td>Recommended</td>
<td>Recommended</td>
</tr>
<tr>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>Recommended</td>
<td>Recommended</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>Recommended</td>
<td>N/A</td>
</tr>
</tbody>
</table>

(Signature)  Ann Rosenthal  (Printed Name)
Date: 8-23-17

(Signature)  Richard A. Bray  (Printed Name)
Date: 8/23/17

(Signature)  KELLY  (Printed Name)
Date: 8/23/17

Design & Construction approval: ____________________  Date: ____________________

Director / Associate Director  Date: ____________________