



# Facilities Management

Design & Construction

Deviation Request Number: \_\_\_\_\_

## 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:

#### Building & Landscape Services

Recommended  
 Recommended as Noted  
 Not Recommended  
 N/A

Ann Rosenthal  
(Signature)  
Ann Rosenthal  
(Printed Name)

Date: 8-23-17

#### Utilities & Energy Management

Recommended  
 Recommended as Noted  
 Not Recommended  
 N/A

Richard A. My  
(Signature)  
Richard A. My  
(Printed Name)

Date: 8/23/17

#### Space Information

Recommended  
 Recommended as Noted  
 Not Recommended  
 N/A

Kirk Parks  
(Signature)  
Kirk Parks  
(Printed Name)

Date: 8.23.2017

\_\_\_\_\_  
(Department Name)

Recommended  
 Recommended as Noted  
 Not Recommended  
 N/A

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Printed Name)

Date: \_\_\_\_\_

Design & Construction approval: \_\_\_\_\_

[Signature]  
Director / Associate Director

Date: 8/23/17