**ANTENNA / EQUIPMENT PLACEMENT REQUEST FORM**

This request is for placement of a free standing or on-building antenna or other scientific equipment on the UAF campus grounds or buildings in accordance with DD&C UAF campus design standards. Requests must include the approved funding and maintenance sources at time of submission

All matters pertaining to placement of antennas and scientific equipment for the campus are subject to review and consideration by the appropriately designated User organizations or committees, including UAF Master Planning Committee and Facilities Services Division of Design and Construction, and the requesting department, organization, or entity.

Completion of this form should not be construed to imply that antenna or scientific equipment placement is approved. The attached Antenna Placement Approval Flow Chart must be successfully completed prior to any construction or placement.

**Building/Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility Inventory No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed**

**Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_ /\_\_\_\_\_ / **\_\_\_\_\_\_\_\_\_**

**Requested By:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dept/Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Antenna or Equip. Funded By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Account Number:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Installation Funded By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposed Site Plan:**

north or south campus west ridge NSF area upper / lower campus campus core

Location description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Sketch site plan or attach drawing here or 2nd page) (Attach site photograph here or 2nd page)

**Justification for Antenna/Equipment Placement Request:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Description of Demolition/Removal Plan & current Funding for Same: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title**:\_\_\_\_\_\_\_\_\_\_\_\_ **Date:\_\_\_\_\_\_\_\_** **Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_