![logo_state_seal[1].png]()**Leased Facility**

 **Project Authorization Request (PAR)**

* **This request is required in order to complete a Work Order for Lessor approval.**
* **This process may take a minimum of 15 days.**

To: State Public Works Division

Leasing Services

leasingservices@admin.nv.gov

Telephone: (775) 684-1815

**Note:** **State** **Public Works Division, Leasing Services handles only building related improvements. For data or telephone changes/improvements please contact EITS at 702-486-4077 (Las Vegas) or 775-684-7341 (Northern NV)**

RE: Building Address: Suite/Location:



**Estimated Project Cost :   (exclude data or telephone costs)**

**Payor: [ ]  Tenant Pays Lessor [ ]  Tenant Pays Vendor [ ]  Lessor Pays**

**Non-State vendors may require longer processing times (due to registration process)**

**Agency Funding:** **\*** Budget #   **\*** Category:  

 **\*** Amount Available:  

**\*** Is a work program necessary to fund this project? [ ] Yes [ ] No If yes, IFC date:  

[ ]  **\*** Bid/Proposal attached

[ ]  **\*** Floorplan and sketch of affected area attached

**Requesting Agency:**

Department & Division: 

 Primary Contact:  Phone: 

Primary Contact e-mail:  

Secondary Agency Contact:   Phone: 

Secondary Contact e-mail: 

**Project Authorization Request (Page 2 of 2)**

Short Descriptive Title of Proposed Project: 

Description of Project: (please attach more detailed description if more space is needed)



I hereby approve this leased facility Project Authorization Request:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***Signature of Director or Administrator Date

Name  Title 

**\* Leasing Services cannot proceed if this form is incomplete.**

 In the event that any changes are deemed necessary either by tenant agency, lessor, or inspections, a new Project Authorization Form will be required.

Please add separate page if needed.