



Facilities Planning & Management

UNIVERSITY OF WISCONSIN-MADISON

HISTORIC BUILDING/FACILITY REPAIR REQUEST

To be completed by UW Project Manager and submitted to the Campus Historic Preservation Coordinator:
Scott Utter | scott.utter@wisc.edu

UW Building Name:	Facility Number:
Describe the scope of work. <i>(Where specifically is the work to be done, approximate area impacted (sf, lf, etc.). Attach additional page if needed.)</i> Attach photos that show the problem and the extent of the work.	
What is the reason for the work? <i>(What caused the problem?)</i>	
What method of repair is being used? <i>(What tools & techniques will be used to do the work?)</i>	
What are the materials being used? <i>(Be as specific as possible.)</i>	
Who will be doing the work? <i>(Physical Plant staff, private contractor, etc. If by contractor, are they certified to work on historic buildings?)</i>	
What is the Project Schedule? <i>(Note specific deadlines or urgency of the project. If an emergency repair, note as such.)</i>	
UW Project Manager: <i>(Name, phone, email)</i>	
Submittal Date (mm/dd/yyyy)	Additional Notes:

To be completed by the Campus Historic Preservation Officer

Approval Date (mm/dd/yyyy)	Recommendation/Approval by:
Is further review by the Wisconsin Historical Society needed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason for further review: