

CALPIA Number: _____

Date: _____

Modular Systems Furniture (MSF) Plan Check

Agency: _____ Project Name: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Contact: _____ Space Planner: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

e-mail: _____ e-mail: _____

Estimated Occupancy Date: _____ No. of Workstations: _____

RESD No: _____

This form must be completed prior to project start up!

The following information is required prior to project start up.

Please complete the following questions.

- Date of Space Plan to CALPIA:
- Plans to Scale (critical dimensions & North arrow)
- Building shell in AutoCad format
- Plans reviewed for spatial/layout problems
- Base electrical location noted on plans
- Ceiling electrical specifically noted on plans
- Cable management poles specified
- Ceiling feed Yes No
If yes, ceiling height _____
- Panels specified (powered, non-powered, height, width)
- Electrical outlets– type noted in each station

Work surface heights other than 30" H?

Yes No

Are pedestal configurations noted?

Yes No

Is the project site occupied?

Yes No

Is this new construction?

Yes No

Is the lease signed?

Yes No Date: _____

Any special key/lock requirements?

Yes No (All individual workstation components will be keyed alike unless otherwise specified on drawing)

Is there a "phased" occupancy?

Yes No

Please specify: _____

Will weekend or off-hours installation be required?

Yes No

Please specify: _____

Finishes - Please indicate color choices

Panel Fabric: _____

Tack Board Fabric: _____

System Components/Trim:

- Stone (Lt. Grey)
- Slate (Dk. Grey)
- Carbon (Black)
- Sand (Vanilla)

Work Surfaces/Laminate: _____

Choose one of the following Storage Options:

- Painted only
- Fabric Insert, please specify fabric: _____



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