

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Facilities Planning, Room 1060 EBA
Albany, NY 12234

Telephone: (518) 474-3906 / Fax No.: (518) 486-5918

**APPLICATION FOR INSTALLATION OF SAFETY DEVICES FOR
ELECTRICALLY OPERATED PARTITIONS**

Complete this application and return two (2) copies for expenses related to the installation of safety devices for electrically operated partitions in a student occupied building. A separate claim form is required for each building. Submittals must include plans and specifications identified in gray box below.

School District: _____ County: _____

Contact Person: _____ Title: _____

Address: _____

Telephone: (____) _____

Name of Building : _____

SED USE ONLY – DO NOT SUBMIT LOI

Project Control Number: - - - - - -

Vendor: _____ Anticipated Date of Installation: _____

Estimated Cost of Partition Retrofit: \$ _____

Number of Partitions Retrofitted: x _____

Estimated Total Cost Per Building: = _____

FOR SED USE ONLY

Submission requirements:

• Vendor catalog cuts for all products

• Wiring diagrams showing series control wiring (8 ½ x 11)

• Floor plan showing safety device locations, doors, door pockets, door/wall termination points, location of operator stations, etc. (8½ x 11)

• Appropriate signage, including proposed wording to be posted at each control station.

Approved by: _____
Facilities Planning Date