



Facilities and Services

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Plan Review Sign-off

Date: _____

Project: NMSU: _____

Design Percentage: _____

I certify that I attended the plan review meetings for the _____ project and find the plans conform to current departmental requirements:

Client Group: _____

Approved Disapprove Approved with comments

Facilities and Services Operation: _____

Approved Disapprove Approved with comments

Fire Department: _____

Approved Disapprove Approved with comments

Environmental Health & Safety: _____

Approved Disapprove Approved with comments

ICT: _____

Approved Disapprove Approved with comments

Signed: _____ Date: _____

PM Name, Project Manager