



**Facilities and Services**  
 MSC 3545  
 New Mexico State University  
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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