

Authorization # \_\_\_\_\_

**AUTHORIZATION FOR LEASE OF PREMISES**

**LEASE TO BE SIGNED BY:** \_\_\_\_\_ Campus \_\_\_\_\_ Office of the President \_\_\_\_\_ The Regents  
\_\_\_\_\_ **NEW LEASE** \_\_\_\_\_ **LEASE RENEWAL**

Department Leasing Space: \_\_\_\_\_

Program to Occupy Leased Space: \_\_\_\_\_

Lease for Premises at: \_\_\_\_\_

No. of Rentable Sq. Ft.: \_\_\_\_\_

Lease Commencement Date: \_\_\_\_\_

Lease Termination Date: \_\_\_\_\_

Lease Term in Months: \_\_\_\_\_

Price Per Square Foot: \$ \_\_\_\_\_

Initial Month's Rent: \$ \_\_\_\_\_

Annual Increases: \_\_\_\_\_

Parking Space(s): \_\_\_\_\_

Parking Per Month: \$ \_\_\_\_\_

Tenant Improvement Allowance: \$ \_\_\_\_\_

Renewal Options: \_\_\_\_\_

Other Options: \_\_\_\_\_

*Other Information:*

**EIC Information:** Landlord Name: \_\_\_\_\_  
Use: If a renewal, has there been a change in use since the last renewal or is there any anticipated change in use during the proposed renewal term?  
If yes, explain: \_\_\_\_\_  
If a new lease, what was the space used for previously and when did or will that use terminate?  
If a new structure, what uses were assumed in its environmental review?

Will there be any use or storage of hazardous or radioactive substances?  
If yes, explain: \_\_\_\_\_

Seismic: Does the structure within which the space to be leased resides meet the seismic standards prescribed by the University? \_\_\_\_\_

Public Opinion: Is there any reason to suspect that the lease would result in public controversy? If yes, explain: \_\_\_\_\_

**Fire Inspection Fee:** \$ \_\_\_\_\_ **est.** **ADA Inspection Fee:** \$ \_\_\_\_\_ **est.**

**Seismic Inspection Fee:** \$ \_\_\_\_\_ **est.** **RESO Recharge Fee:** \$ \_\_\_\_\_ **Estimated\***

*(\*Based on current recharge rate of \$73/hr. for \_\_\_\_\_ total hours to complete project. Supersedes estimates given previously.)*

Dept. Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Chart String to be Charged: \_\_\_\_\_ - **56312**- \_\_\_\_\_ or Speedtype: \_\_\_\_\_  
*BU Fund - Org - Program - Project - Flex 10-Character String*

Source of Funds: State (19900) State (other funds) Federal Other ( \_\_\_\_\_ )

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
*Campus Dept's Chair, Dean or Director\*\* (please print name: \_\_\_\_\_)*

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_

Chancellor's Budget Office (for leases signed by Office of the President or The Regents or where Regents are Landlord)

cc: Space Management & Capital Programs and Physical & Environmental Planning

**\*\* Your signature authorizes RESO and other depts. to charge the above account for applicable recharges: rent, one-time RESO recharge, fire, ADA and seismic inspection fees, plus annual lease maintenance fee based on amount of time required to manage lease. Please retain a copy of this form for your dept.'s financial/budgetary records and provide your dept's accounting unit with same.**