SECTION 01 10 01

SUBSTITUTION REQUEST FORM

PROJECT NAME: _____

PROJECT NO: _____

Contractor/Vendor Name: _____

Street Address: _____

City, State, ZIP: _____

Telephone: _____ Contact Person: _____

REFERENCE			
Drawing Sheet Number:		Specification Section Number:	
Detail Number:		Paragraph Number:	
Specified Product Manufacturer:			

A. Attach complete information on changes to Drawings and/or Specifications which proposed substitution will require for its proper installation.

Proposed Substitution (Mfg., Model No., Etc.):	

B. Submit with request, all necessary samples and substantiating data to prove equal quality and performance to that which is specified. Clearly mark manufacturer's literature to indicate equality in performance.

1. Does the substitution affect dimensions, framing layout, structural framing shown on the Drawings?
   a. Yes____ No____ If yes, clearly indicate changes:

_____

_____

_____

2. Will the undersigned pay for changes to the building design, including engineering and detailing costs caused by the requested substitution?
   a. Yes____ No____ If no, fully explain:

_____

_____

3. What affect does substitution have on other Contracts or other trades?

4. What affect does substitution have on construction schedule?

5. Manufacturer's warranties of the proposed and specified items are:
   1) Same____ Different____ (explain on an attachment)

6. Reason for Request:

7. Attach itemized comparison of specified item(s) with the proposed substitution.
8. Attach accurate cost data comparing proposed substitution with product specified.

C. Certification of Equal Performance and Assumption of Ability for Equal Performance:

The undersigned states that the function, appearance and quality are equivalent or superior to the specified item.

NAME: _____
(Please Type or Print)

TITLE: _____

SIGNATURE: _____ **DATE:** _____

Signature above shall be by person having authority to legally bind his firm to the above terms.
Failure to provide legally binding signature will result in retraction of approval.

FOR USE BY DESIGN PROFESSIONAL:		
Accepted		Remarks:
Accepted as Noted		
Not Accepted		
Received Too Late		
BY:		**DATE:**

END OF REQUEST FORM