

SECTION 01 25 14 - SUBSTITUTION REQUEST FORM DURING CONSTRUCTION

(CONTRACTOR SHALL USE THIS FORM FOR SUBMITTING SUBSTITUTION REQUEST AFTER AWARD OF CONTRACT. OTHER FORMS OF SUBSTITUTION REQUESTS WILL NOT BE CONSIDERED.)

Project: **Project Name** **Substitution Request Number:** _____

IFB #: _____

Architect: **Architect Name**

Architect Street Address

City State Zip Code

From: _____

Re: _____

Specification Title: _____ **Section:** _____

Description: _____ **Page:** _____ **Article/Paragraph:** _____

Proposed Substitution: _____

Manufacturer: _____ **Address:** _____ **Phone:** _____

Trade Name: _____ **Model No.:** _____

Installer: _____ **Address:** _____ **Phone:** _____

History: **New Product** **1 – 4 years old** **5 – 10 years old** **Exceeds 10 years old**

Differences between proposed substitution and specified product: _____

Point by Point comparative data attached – REQUIRED BY ARCHITECT

Reason for not providing specified item: _____

Similar Installation:

Project: _____ Architect: _____
Address: _____ Owner: _____
_____ Date Installed: _____

Proposed substitution affects other parts of Work: ___ No ___ Yes:
Explain _____

Savings to Owner for accepting substitution: _____ (\$ _____)
Proposed substitution changes Contract Time: ___ No ___ Yes [Add] [Deduct] _____ days.

NOTE: Acceptance of substitution request by the Architect will require the Contractor to submit a change order request in accordance with the General Conditions of the Contract. Should the Owner reject the change order request, the Substitution Request is therefore rejected, and the Contractor must comply with the requirements of the Contract Documents as if the request was rejected by the Architect.

Supporting Data Attached:

Drawings Product Data Samples Tests Reports _____

The Undersigned Certifies:

Proposed substitution has been fully investigated and determined to be equal or superior in all respects to specified product. Same warranty will be furnished for proposed substitution as for specified product. Same maintenance service and source of replacement parts, as applicable, is available. Proposed substitution will have no adverse effect on other trades and will not affect or delay progress schedule. Cost data as stated above is complete. Claims for additional costs related to accepted substitution which may subsequently become apparent are to be waived. Proposed substitution does not affect dimensions and functional clearances. Payment will be made for changes to building design, including A/E design, detailing, and construction costs caused by the substitution. Coordination, installation, and changes in the Work as necessary for accepted substitution will be complete in all respects.

Submitted By: _____ Signed By: _____

Firm: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

Attachments: _____

A/E's REVIEW AND ACTION (to be filled-in by Architect/Engineer)

Substitution Approved

Substitution Approved as Noted

Substitution Rejected

Substitution Request Received Too Late

Signed By: _____ **Date:** _____

Additional Comments:

Contractor Subcontractor Supplier Manufacturer A/E



END OF SECTION