SECTION 01 60 00a SUBSTITUTIONS & PRODUCT OPTION REQUEST FORM

PROJECT: _____

CONTRACTOR: _____

We hereby submit for consideration, the following product instead of specified item:

SECTION	PARAGRAPH	SPECIFIED ITEM
_____	_____	_____

Proposed Substitution:_____

Reason: _____

ATTACHMENTS Provide attachments to include and address the following:

A. Complete technical and test data.
B Drawings showing dimensinal changes.
C. Complete description of changes to Drawings and/or Specifications which proposed substitution will require for its proper installation.
D. All necessary samples and substantiating data to prove equal quality, performance, and appearance to that which is specified. Indicate differences.
E. Differences between proposed substitution and specified item.
F. What effect does substitution have on applicable code requirements?
G. What effect does substitution have on applicable trades, other contracts, and completion dates?
H. List of names and addresses of 3 similar projects on which product was used, date of installation and Owner and Architect's name and address.

FILL IN BLANKS BELOW Provide attachments if more space is necessary.

A. Does the substitution affect dimensions shown on Drawings:
   Yes _____ No _____ If yes, clearly indicate changes.
B. Will the undersigned pay for changes to the building design, including engineering and detailing costs caused by the requested substitution:
   Yes _____ No _____
C. Manufacturer's guarantees the proposed and specified items are the same:
   Yes _____ No _____ if no, explain.

Undersigned hereby certifies to the equal performance and function, equivalent quality and assumption of liability for equal performance to the specified product.

Submitted by: _____ Title: _____

Firm: _____

Address: _____

Date: _____ Telephone:_____

Signature: _____
Shall be person having authority to legally bind firm to the above terms.

For Use By Architect

_____Accepted _____Accepted as Noted _____Not Accepted _____Received too Late

By: _____ Date: _____

Owner: _____ Date: _____

Remarks:

_____

_____

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END OF SUBSTITUTIONS AND PRODUCT OPTIONS REQUEST FORM 01 60 00a