

SUBSTITUTION REQUEST FORM

PROJECT	Project Title Project Description Project Address City, ST 00000	TO:	Architect Architect's Address Architect's City, ST Zip
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Project No.: 00000.00 Date: _____

We hereby submit for your consideration the following product instead of the specified item for the above-mentioned Project.

Specification Section and Paragraph: _____
 Drawings and Details affected: _____
 Proposed Substitution/ Description: _____
 Manufacturer's Name: _____

WHY IS SUBSTITUTION BEING SUBMITTED? (Select 1 of the following):

- Pre-Bid Substitution (Prior Approval): Include detailed analysis comparing proposed substitution against specified product, including redlined Specification Section showing differences.
- Specified product is not available. Explain in detail using attached letter.
- Cost savings to Owner. Indicate comparative cost analysis as attachment.
- Other. Explain: _____

EFFECTS OF PROPOSED SUBSTITUTION

(Attach complete explanations and technical data, including laboratory test, if applicable.)

Include complete information changes to Drawings and/or Specification that proposed substitution would require for its proper installation. Fill in blanks below:

- A. Does substitution affect dimensions shown on Drawings? No Yes
- B. Will undersigned pay for changes to building design, including engineering and detailing costs caused by requested substitution? No Yes
- C. What affect does substitution have on other trades?

- D. Differences between proposed substitution and specified item?

- E. Indicate how proposed substitution meets LEED requirements.

- F. Manufacturer's guarantees of proposed and specified items are:
 Same Different (explain on attachment)

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

SUBMITTED BY:

(included name, address, telephone, and contract person of manufacturer/supplier of proposed substitution)

For Architect's use:

- Accepted Accepted as noted
 - Not accepted Received too late
 - Incomplete Information
 - No substitutions accepted for this
- Reviewed by/date: _____
 Comments: _____

Submitted by:

Subcontractor's signature and date: _____

Contractor's signature and date: _____