

DOCUMENT 00 6325

SUBSTITUTION REQUEST FORM

This Substitution Request Form is to be **FULLY** completed by the General Contractor and attached to **ALL** substitutions for this Project. Use additional sheets as needed. Attach supporting / substantiating documentation to this form.

Modifications to form are prohibited.

GENERAL INFORMATION:

PROJECT:

DATE SUBMITTED TO GC: _____

DATE SUBMITTED TO A/E: _____

SUBMITTAL NUMBER: _____

ARCHITECT:

Olson Kundig Architects
159 S. Jackson St. Suite 600
Seattle, WA 98104

RESUBMITTAL NUMBER: R-_____

SPECIFICATION SECTION REFERENCE: _____

GENERAL CONTRACTOR:

SPECIFICATION PAGE NUMBER: _____

Name: _____

SPECIFICATION ARTICLE NUMBER: _____

Address: _____

DRAWING SHEET NUMBER(s): _____

Phone Number: _____

DETAIL SHEET NUMBER(s): _____

SUBCONTRACTOR

STANDARDS REFERENCED (ANSI, ASTM, FS, Etc.)

Name: _____

Address: _____

Phone Number: _____

VENDOR:

ATTACHMENTS: Label each page with Submittal Number

Name: _____

☐ Product Data

☐ Warranties

Address: _____

☐ Drawings

☐ MSDS

☐ Samples

☐ Schedules

☐ Reports

☐ Calculations

☐ Tests

☐ 3rd Party Certification

Phone Number: _____

REASON FOR SUBSTITUTION: Check all which apply. Attach evidence / supporting documentation for each.

SPECIFIED PRODUCT....

- ☐ Is no longer available
- ☐ Is unable to meet project schedule.
- ☐ Is unsuitable for the designated application
- ☐ Cannot interface with adjacent materials
- ☐ Cannot provide the specified warranty

- ☐ Cannot be constructed as indicated
- ☐ Cannot be obtained due to the following:

- ☐ Bankruptcy of manufacturer or supplier
- ☐ Strike
- ☐ Lockout
- ☐ Similar Occurrence (explain)

- ☐ Other: _____

PROPOSED PRODUCT....

- ☐ Will reduce material lead time, # Days: _____
- ☐ Will reduce material installation time, # Days: _____
- ☐ Is for supplier's convenience
- ☐ Is for subcontractor's convenience
- ☐ Other: _____

SCOPE OF SUBSTITUTION: Describe the extents of the substitution and how it may impact related work.

PROPOSED PRODUCT INFORMATION: Attach complete documentation

Product Description / Name: _____

Specified Manufacturer: _____ Model Number: _____

Proposed Manufacturer: _____ Model Number: _____

Company Address: _____

Manufacturer's Contact Info: Name: _____ Phone Number: _____

Deviation from Contract Documents? ☐ NO Deviations _____ ☐ YES (attach complete documentation)

Lead Time (in weeks) after Approval: _____ Maintenance Service Available? ☐ NO ☐ Yes

Date (yyyy-mm-dd) Items Required at Project Site: _____ Warranty: ☐ NO ☐ Yes, Years: _____

Age of product availability in USA Marketplace: _____ Country of Origin: _____

COMPARISON BETWEEN PROPOSED PRODUCT WITH SPECIFIED PRODUCT: Provide point-by-point comparison

| PROPOSED PRODUCT _____ | SPECIFIED PRODUCT _____ |
|------------------------|-------------------------|
| 1: _____ | 1: _____ |
| 2: _____ | 2: _____ |
| 3: _____ | 3: _____ |
| 4: _____ | 4: _____ |
| 5: _____ | 5: _____ |
| 6: _____ | 6: _____ |
| 7: _____ | 7: _____ |
| 8: _____ | 8: _____ |

Continue comparison / list of deviations on attachment.

SIMILAR INSTALLATIONS: List minimum of three similar installations within 250 miles of this project's site.

PROJECT 1: PROJECT NAME: _____ Project Completion Date: _____

PROJECT ADDRESS: _____

OWNER'S NAME & CONTACT INFO: _____

ARCHITECT'S NAME & CONTACT INFO: _____

PROJECT 2: PROJECT NAME: _____ Project Completion Date: _____

PROJECT ADDRESS: _____

OWNER'S NAME & CONTACT INFO: _____

ARCHITECT'S NAME & CONTACT INFO: _____

PROJECT 3: PROJECT NAME: _____ Project Completion Date: _____

PROJECT ADDRESS: _____

OWNER'S NAME & CONTACT INFO: _____

ARCHITECT'S NAME & CONTACT INFO: _____

SUBCONTRACTOR COORDINATION IS REQUIRED WITH WORK IN THESE DIVISIONS
(General Contractor mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> 02 - EXISTING CONDITIONS | <input type="checkbox"/> 03 - CONCRETE |
| <input type="checkbox"/> 04 - MASONRY | <input type="checkbox"/> 05 - METALS |
| <input type="checkbox"/> 06 - WOOD, PLASTICS, AND COMPOSITES | <input type="checkbox"/> 07 - THERMAL AND MOISTURE PROTECTION |
| <input type="checkbox"/> 08 - OPENINGS | <input type="checkbox"/> 09 - FINISHES |
| <input type="checkbox"/> 10 - SPECIALTIES | <input type="checkbox"/> 11 - EQUIPMENT |
| <input type="checkbox"/> 12 - FURNISHINGS | <input type="checkbox"/> 13 - SPECIAL CONSTRUCTION |
| <input type="checkbox"/> 14 - CONVEYING EQUIPMENT | <input type="checkbox"/> 21 - FIRE SUPPRESSION |
| <input type="checkbox"/> 22 - PLUMBING | <input type="checkbox"/> 23 - HEATING, VENTILATING, AND AIR CONDITIONING |
| <input type="checkbox"/> 25 - INTEGRATED AUTOMATION | <input type="checkbox"/> 26 - ELECTRICAL |
| <input type="checkbox"/> 27 - COMMUNICATIONS | <input type="checkbox"/> 28 - ELECTRONIC SAFETY AND SECURITY |
| <input type="checkbox"/> 31 - EARTHWORK | <input type="checkbox"/> 32 - EXTERIOR IMPROVEMENTS |
| <input type="checkbox"/> 33 - UTILITIES | <input type="checkbox"/> 34 - TRANSPORTATION |

DESCRIPTION OF HOW PROPOSED SUBSTITUTION AFFECTS OTHER WORK OR TRADES:

IMPACT TO CONTRACT DOCUMENTS:

Proposed substitution dimensionally changes or otherwise impacts the contract document and requires revisions to contract documents. ☐ NO ☐ YES, Explain. Attach copies of contract documents showing impact at each instance.

CONTRACTOR'S AFFIDAVIT: The General Contractor certifies product submitted complies with the project sustainability requirements and with the Specified Requirements by initialing each line below:

| REQUIREMENT | INITIALS | REQUIREMENT | INITIALS |
|--|----------|---|----------|
| 1. Investigating for code compliance | <hr/> | 6. VOC Verification | <hr/> |
| 2. Independent Verification Testing | <hr/> | 7. Warranties and Guarantees | <hr/> |
| 3. Calculation for Percentage of Project | <hr/> | 8. Cost Data (include as attachment) | <hr/> |
| 4. Calculation for Recycled Content | <hr/> | 9. Coordination with interfacing products and systems | <hr/> |
| 5. Investigated the proposed substitution and believe that it is equal to or superior in all respects to specified product, except as stated herein <hr/> | <hr/> | 10. General Contractor will pay any redesign fees incurred by the Architect or any of the Architect's consultants and any special inspection costs incurred by the Owner, caused by the use of this product <hr/> | <hr/> |
| 11. General Contractor waives all future claims for added cost or time to the Contract related to the substitution, or that become known after substitution is accepted. | <hr/> | | <hr/> |
| 12. The Architect's approval, if granted, will be based upon reliance upon data submitted and the opinion, knowledge, information, and belief of the Architect at the time decision is rendered and Addendum is issued; and that Architect's approval therefore is interim in nature and subject to reevaluation and reconsideration as additional data, materials, workmanship, and coordination with other work are observed and reviewed. | <hr/> | | <hr/> |
| 13. If an accepted substitution is later found to be not in compliance with the Contract Documents, Contractor shall provide the specified product. | <hr/> | | <hr/> |

Company Name Submitted By: _____

Company Address Submitted By: _____

Authorized Signature: _____

Printed Name: _____ Date Signed: _____

RESPONSE DATE

List date by which response by Architect is requested to maintain project schedule and allow sufficient time for inclusion of proposed substitution.

Requested Response Date *: _____
** Shall be not less than 10 business days from date substitution request is received.*

ARCHITECT'S REVIEW AND ACTION:

This section to be completed by Architect

☐ SUBSTITUTION IS ACCEPTED

☐ SUBSTITUTION IS ACCEPTED W/ COMMENTS

RESUBMIT SUBSTITUTION REQUEST

☐ Request Form is not properly executed

☐ Provide proposal indicating amount of savings with or credit to Owner.

☐ Other: _____

Reviewer: _____ Date: _____

☐ SUBSTITUTION IS **NOT** ACCEPTED:

☐ Request not received directly from General Contractor.

☐ Request not submitted in accordance with requirements.

☐ Request Form is not properly executed.

☐ Request does not indicate what item is being proposed.

☐ Insufficient information submitted for proper evaluation.

☐ Proposed product does not appear to comply with specified requirements

☐ Proposed product will require substantial revisions to the Contract Documents.

☐ Other: _____

Architect has relied upon the information provided by the General Contractor, and makes no claim as to the accuracy, completeness, or validity of such information. If an accepted substitution is later found to be not in compliance with the Contract Documents, Contractor shall provide the specified product.

PART H: ARCHITECT'S CONSULTANT REVIEW AND ACTION:

This section to be completed by Architect's Consultant.

☐ SUBSTITUTION IS ACCEPTED

☐ SUBSTITUTION IS ACCEPTED W/ COMMENTS

☐ SUBSTITUTION IS **NOT** ACCEPTED:

☐ Request not received directly from General Contractor.

☐ Request not submitted in accordance with requirements.

☐ Request Form is not properly executed.

RESUBMIT SUBSTITUTION REQUEST

☐ Request does not indicate what item is being proposed.

☐ Request Form is not properly executed

☐ Insufficient information submitted for proper evaluation.

☐ Provide proposal indicating amount of savings or credit to Owner.

☐ Proposed product does not appear to comply with Specified requirements

☐ Other: _____

☐ Proposed product will require substantial revisions to the Contract Documents.

Reviewer: _____ Date: _____

☐ Other: _____

OWNER'S REVIEW AND ACTION: This section to be completed by Owner.

☐ SUBSTITUTION IS ACCEPTED ☐ SUBSTITUTION IS **NOT** ACCEPTED

OWNER'S REPRESENTATIVE (Print Name): _____ Dated Signed: _____

OWNER'S REPRESENTATIVE (Signature): _____

COMMENTS: _____

LIST OF ATTACHMENTS

In the space below, list each attachment, and quantity of pages for each. Mark each page with Attachment and Substitution request number.

| <u>ID</u> | <u>ATTACHMENT</u> | <u># Pages</u> |
|-----------|-------------------|----------------|
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