PRIOR APPROVAL / SUBSTITUTION REQUEST FORM

Date: __________________________

Company Submitting Request: ____________________________________________________________
  (Name and Address)
  __________________________________________

Contact Name: ______________________ Phone: __________ Fax: ________________

E-Mail: ______________________________

PROJECT NAME: __________________________

SPECIFIED ITEM: (Section) (Page) (Description)

The undersigned requests consideration of the following product substitution:

PROPOSED SUBSTITUTION: __________________________
  Provide Product Name / Model / Manufacturer

1. Attached data includes: _____ Product Description _____ Performance and Test Data
   _____ Drawings _____ Specifications _____ Photographs

2. _____ Yes / No changes will be required to the Contract Documents for the proper installation of proposed product substitution. If yes, then attach data that includes description of changes.

The undersigned states that the following paragraphs, unless modified by attachments, are correct:

1. The proposed substitution does not affect dimensions shown on the drawings.

2. No changes to the building design, engineering design, or detailing are required by the proposed substitution.

3. The proposed substitution will have no adverse effect on other trades, the construction schedule, or specified warranty requirements.

4. No maintenance is required by the proposed substitution other than that required for originally specified product.

5. Other Information
The undersigned further states that they have read the corresponding specification section in the project manual and confirms that the function, appearance and quality of the proposed substitution are equivalent or superior to the originally specified product. ______ initial.

Signature: ____________________________ Printed Name: __________________________

Fax Number: __________________________

For Architect's Use:

_____ Accepted  _____ Accepted As Noted  _____ Incomplete Information

_____ Not Accepted  _____ Received Too Late  _____ No Substitutions Accepted For This Product

Reviewed By / Date: ____________________________

Processed by Addendum No. ____________________________

Comments: ____________________________________________

________________________________________________________________________

________________________________________________________________________