

SUBSTITUTION REQUEST FORM



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Project : _____
Contractor : _____
RFI No. : _____ **Date:** _____

References:
Drawing No: _____ Drawing Name : _____
Specification No: _____ Specification Name: _____
Article/Paragraph: _____ Specified Item: _____
Proposed Substitution: _____ Specified Item: _____
Manufacturer: _____ Model: _____

Submit with this form substantiating data to prove equal quality and performance to the basis of design or approved equals. Clearly mark manufacturer's literature to indicate equality in performance.

Does the Substitution affect dimensions shown on Drawings? Yes___ No___ If yes, clearly indicate changes.

Will changes be required to the Contract Documents for the proper installation of the proposed product substitution. Yes___ No___. If Yes, attach data that indicates description of changes.

What affect does substitution have on other Contracts or other trades?

What affect does substitution have on the delivery and construction schedule?

Differences between proposed substitution and specified item.

Manufacturer's warranties of proposed and specified items are:

Same
Different Explain on an Attachment (Provide Warranty Information)

Company Submitting
Request: _____
Address: _____
Phone: _____ Email: _____
Signature/Title: _____ Date: _____

For use by Technicon Design Group

Accepted Accepted as Noted
Not Accepted Received too Late

Signature/Title: _____ Date: _____

"Type of Project"
"Name of Project"
"Project Address"
"City, State Zip Code"