

DIVISION 01 25 00 – SUBSTITUTION FORM**PART 1: GENERAL****1.01 SUBSTITUTION FORM**

A. The following form shall be used for product substitutions:

TO: ARCHITECT OF RECORD
OR
TEXAS STATE UNIVERSITY PROJECT REPRESENTATIVE

PROJECT:

SPECIFIED ITEM:

Section _____ Paragraph _____ Description _____

The undersigned requests consideration of the following:

PROPOSED SUBSTITUTION _____

Upon submitting this Request for Substitution, the undersigned certifies that the following paragraphs are correct, unless otherwise modified on attachments:

1. Contractor has investigated the proposed substitution and believes that it is equal to or superior in all respects to specified item, and will conform to design requirements and artistic effect
2. Cost saving to Owner for accepting substitution: None __ \$ _____
3. Contractor will pay the Architect and/or Engineers for additional studies, investigations, submittal reviews, redesign and/or analysis caused by the requested substitution and at no additional cost to Owner.
4. Substitution requires dimensional changes or redesign of structure or M & E Work No __ Yes __ (If yes, attach complete data).
5. Contractor will waive future claims for added cost to Contract caused by substitution.
6. Changes in contract time caused by substitution: No __ Yes __ Add/Deduct __ days.
7. Adverse affect on other Trades caused by substitution: No __ Yes __ (If yes, explain on attachment).
8. Contractor will modify other parts of the Work as may be required to make all parts of Work complete and functioning. Yes __ (Explain on attached page if necessary)
9. Same type of warranty for specified product will be furnished for proposed substitution: Yes __ No __
10. Maintenance Service Available: Yes __ No __ Where? _____
11. Contractor has complied with requirements of the Texas State University' Design Guidelines and Construction Standards and Contract Documents as part of request for substitution, and has completely filled-in this form.

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REASON FOR NOT GIVING PRIORITY TO SPECIFIED ITEM:
See attached ___ Not required ___

Submitted by:
Signature _____
Firm _____
Address _____

Date _____
Telephone _____

For Use by Architect:
___ Approved
___ Approved as noted
___ Rejected
Rejected only for conformance with
Design Concept of Project and with
Information in Contract Documents.
Signature _____
Date _____

REQUIRED ATTACHMENTS:

- A. Product Data for Specified Item: Clearly marked to indicate full compliance with specification section and Contract Documents: Attached
- B. Product Data for Substitution: Clearly marked for adequate evaluation and comparison with data submitted for specified item: Attached ___
- C. Samples: Attached ___ Not Required ___
- D. Cost Data and Implications of Substitution: Attached ___ Not required ___
- E. Contractor's Comments: Attached ___ Not required ___
- F. Manufacturers certifications on asbestos arid PCB: Required/must be attached
- G. Other: _____

PART 2: PRODUCTS (NOT USED)

PART 3: EXECUTION (NOT USED)

END OF SECTION 01 25 00