

CertainTeed



Enhanced Glass Reinforced Gypsum Sheathing Enhanced Glass Reinforced Gypsum Sheathing Type X

Substitution Request

(After the Bidding Phase)

Project: _____ Substitution Request Number: _____
From: _____
To: _____ Date: _____
Project Number: _____
Re: _____ Contract For: _____

Specification Title: _____ Description: _____
Section: _____ Page: _____ Article/Paragraph: _____

Proposed Substitution: _____
Manufacturer: _____ Address: _____ Phone: _____
Trade Name: _____ Model No.: _____
Installer: _____ Address: _____ Phone: _____
History: New Product 2-5 Years Old 5-10 years old More than 10 years old
Differences between proposed substitution and specified product: _____

Point-by-point comparative data attached – REQUIRED BY A/E

Reason for not providing specified item: _____

Similar Installation:

Project: _____ Architect: _____
Address: _____ Owner: _____
Date Installed: _____

Proposed substitution affects other parts of work: No Yes; explain _____

Savings to Owner for accepting substitution: _____ (\$ _____)

Proposed substitution affects other parts of work: No Yes _____ days.

Supporting Data Attached: Drawings Product Data Samples Tests Reports Other _____

Substitution Request

The Undersigned certifies:

- Proposed substitution has been fully investigated and determined to be equal or superior in all respects to specified product.
- Same warranty will be furnished for proposed substitution as for specified product.
- Same maintenance service and source of replacement parts, as applicable, is available.
- Proposed substitution will have no adverse effect on other trades and will not affect or delay progress schedule.
- Cost data as stated above is complete. Claims for additional costs related to accepted substitution which may subsequently become apparent are to be waived.
- Proposed substitution does not affect dimensions and functional clearances
- Payment will be made for changes to building design, including A/E design, detailing, and construction costs caused by the substitution.
- Coordination, installation, and changes in the Work as necessary for accepted substitution will be complete in all respects.

Submitted by: _____
Signature: _____
Firm: _____
Address: _____
Telephone: _____
Attachments: _____

A/E's Review and Action

- Substitution approved - Make submittals in accordance with Specification Section 01330.
- Substitution approved as noted- Make submittals in accordance with Specification Section 01330.
- Substitution rejected – Use specified materials
- Substitution Request received too late – Use specified materials

Signed By: _____ Date: _____

Additional Comments: Contractor Subcontractor Supplier Manufacturer A/E Other _____

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