

**ADDITIONAL WORK AUTHORIZATION**

82 Modular Avenue, Commack, NY 11725  
Phone: 631-993-3000 • Fax: 631-993-3060

OWNER'S NAME	PHONE	DATE
STREET	JOB NAME	JOB NUMBER
CITY	STREET	
EXISTING CONTRACT NUMBER	DATE OF EXISTING CONTRACT	CITY
		STATE

*x 06/15/99*

You are authorized to perform the following specifically described additional work:

Guys Working on Repair  
 # 40 Replace  
 # 41 Replace 6 boards  
 9 boards

Total Time = 16

*E. Myrault* VERIFIED 4/M

**ADDITIONAL CHARGE FOR ABOVE WORK IS: \$**

Payment will be made as follows:

Above additional work to be performed under same conditions as specified in original contract unless otherwise stipulated.

Date \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

(OWNER SIGNS HERE)

We hereby agree to furnish labor and materials - complete in accordance with the above specifications, at above stated price.

Authorized Signature \_\_\_\_\_

(CONTRACTOR SIGNS HERE)

Date \_\_\_\_\_

**THIS IS CHANGE ORDER NO.**

# ADDITIONAL WORK AUTHORIZATION



82 Modular Avenue, Commack, NY 11725  
Phone: 631-993-3000 • Fax: 631-993-3060

OWNER'S NAME		PHONE	DATE
STREET <i>1000 Fox ST</i>		JOB NAME	JOB NUMBER
CITY <i>Bronx</i>	STATE <i>NY</i>	STREET	
EXISTING CONTRACT NUMBER	DATE OF EXISTING CONTRACT	CITY	STATE

You are authorized to perform the following specifically described additional work:

*1 Guys Working on Repair*

# 5 A	Replace	8	boards
# 5 H	Replace	6	boards
# 5 F	Replace	7	boards.

*Ergo self VERIFIED 4/m Total time: 128 8*

**ADDITIONAL CHARGE FOR ABOVE WORK IS: \$ \_\_\_\_\_**

Payment will be made as follows: \_\_\_\_\_

Above additional work to be performed under same conditions as specified in original contract unless otherwise stipulated.

Date \_\_\_\_\_ Authorizing Signature \_\_\_\_\_

(OWNER SIGNS HERE)

We hereby agree to furnish labor and materials - complete in accordance with the above specifications, at above stated price.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

(CONTRACTOR SIGNS HERE)

**THIS IS CHANGE ORDER NO. \_\_\_\_\_**

NOTE: This Revision becomes part of, and in conformance with, the existing contract.

# ADDITIONAL WORK AUTHORIZATION



**82 Modular Avenue, Commack, NY 11725**  
**Phone: 631-993-3000 • Fax: 631-993-3060**

OWNER'S NAME	PHONE	DATE
1000 Fox ST		06/13/29
STREET	JOB NAME	JOB NUMBER
Bronx	STATE	STREET
EXISTING CONTRACT NUMBER	DATE OF EXISTING CONTRACT	CITY STATE

You are authorized to perform the following specifically described additional work:

*2 Guys Working on Repairs*

#	7 B	Replace	3	boards
#	6 A	Replace	12	boards
#	6 D	Replace	11	boards
#	4 E	Replace	5	boards
#	6 B	Replace	2	boards
#				

*TOTAL TIME: 16*

*Expressed VERIFIED Y/N*

**ADDITIONAL CHARGE FOR ABOVE WORK IS: \$ \_\_\_\_\_**

Payment will be made as follows: \_\_\_\_\_

Above additional work to be performed under same conditions as specified in original contract unless otherwise stipulated.

Date \_\_\_\_\_ Authorizing Signature \_\_\_\_\_

(OWNER SIGNS HERE)

We hereby agree to furnish labor and materials - complete in accordance with the above specifications, at above stated price.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

(CONTRACTOR SIGNS HERE)

**THIS IS CHANGE ORDER NO. \_\_\_\_\_**

**ADDITIONAL WORK AUTHORIZATION**

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**Phone: 631-993-3000 • Fax: 631-993-3060**

OWNER'S NAME	PHONE	DATE
STREET	JOB NAME	JOB NUMBER
CITY	STATE	STREET
EXISTING CONTRACT NUMBER	DATE OF EXISTING CONTRACT	CITY STATE

06/11/19

You are authorized to perform the following specifically described additional work:

2 Guys Working on Repairs

#	8 H	Replace	2	boards
#	8 F	Replace	0	boards
#	7 C	Replace	5	boards
#	7 O	Replace	6	boards
#	7 K	Replace	4	boards

Ergocheck VERIFIED 4/M

TOTAL TIME - 26

**ADDITIONAL CHARGE FOR ABOVE WORK IS: \$ \_\_\_\_\_**

Payment will be made as follows: \_\_\_\_\_

Above additional work to be performed under same conditions as specified in original contract unless otherwise stipulated.

Date \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

(OWNER SIGNS HERE)

We hereby agree to furnish labor and materials - complete in accordance with the above specifications, at above stated price.

Authorized Signature \_\_\_\_\_

(CONTRACTOR SIGNS HERE)

Date \_\_\_\_\_

**THIS IS CHANGE ORDER NO. \_\_\_\_\_**

# ADDITIONAL WORK AUTHORIZATION



82 Modular Avenue, Commack, NY 11725  
Phone: 631-993-3000 • Fax: 631-993-3060

OWNER'S NAME	PHONE	DATE
STREET	JOB NAME	JOB NUMBER
Bronx	STREET	
EXISTING CONTRACT NUMBER	DATE OF EXISTING CONTRACT	CITY STATE

You are authorized to perform the following specifically described additional work:

2 Guys Working on Repair

# 7 N	Replace	5 boards
# 7 F	Replace	3 boards
# 6 M	Replace	4 boards
# 8 M	Replace	3 boards

Ergooff verified 4/m

Total Time: 16 hrs

**ADDITIONAL CHARGE FOR ABOVE WORK IS: \$** \_\_\_\_\_

Payment will be made as follows: \_\_\_\_\_

Above additional work to be performed under same conditions as specified in original contract unless otherwise stipulated.

Date \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

(OWNER SIGNS HERE)

We hereby agree to furnish labor and materials - complete in accordance with the above specifications, at above stated price.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

(CONTRACTOR SIGNS HERE)

**THIS IS CHANGE ORDER NO. \_\_\_\_\_**

**ADDITIONAL WORK AUTHORIZATION**

82 Modular Avenue, Commack, NY 11725  
Phone: 631-993-3000 • Fax: 631-993-3060

OWNER'S NAME	PHONE	DATE
STREET	JOB NAME	6/20/19
CITY	STREET	JOB NUMBER
EXISTING CONTRACT NUMBER	DATE OF EXISTING CONTRACT	CITY
		STATE

You are authorized to perform the following specifically described additional work:

2 guys doing Repair  
 Apt #2g - Replace 6 boards  
 #1j - Replace 5 boards  
 #10 - Replace 4 boards  
 plus Touch ups

*Epperson* VERIFIED 4/14 TOTAL TIME: 16 hrs

**ADDITIONAL CHARGE FOR ABOVE WORK IS: \$ \_\_\_\_\_**

Payment will be made as follows: \_\_\_\_\_

Above additional work to be performed under same conditions as specified in original contract unless otherwise stipulated.

Date \_\_\_\_\_ Authorizing Signature \_\_\_\_\_

(OWNER SIGNS HERE)

We hereby agree to furnish labor and materials - complete in accordance with the above specifications, at above stated price.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

(CONTRACTOR SIGNS HERE)

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STREET	JOB NAME	JOB NUMBER
CITY	STREET	
EXISTING CONTRACT NUMBER	DATE OF EXISTING CONTRACT	CITY STATE

1000 Fox ST  
Bronx NY

You are authorized to perform the following specifically described additional work:

APT # 1A, 5L TOTAL # BDS 12 Bds (E)

*[Signature]* VERIFIED 4/11 TOTAL TIME: 7 HRS

**ADDITIONAL CHARGE FOR ABOVE WORK IS: \$ \_\_\_\_\_**

Payment will be made as follows: \_\_\_\_\_

Above additional work to be performed under same conditions as specified in original contract unless otherwise stipulated.

Date \_\_\_\_\_ Authorizing Signature \_\_\_\_\_

(OWNER SIGNS HERE)

We hereby agree to furnish labor and materials - complete in accordance with the above specifications, at above stated price.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

(CONTRACTOR SIGNS HERE)

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