

**SECTION 01 25 10
SUBSTITUTION REQUEST FORM**

GENERAL: This form is part of the substitution requirements specified in Section 01 25 00. Submittal to be sent to the Architect for approval.

NOTE: There will not be pre-qualification of Substitution Requests prior to the bid. For product consideration a performance specification outlining specific criteria as organized in the project manual specification sections shall be submitted for consideration post bid. Generic manufacture's data will not be accepted.

PROJECT TITLE & NO. _____

TO: **Goodwyn Mills Cawood**
3310 West End Ave.
Suite 420
Nashville, Tennessee 37203
Tel. 615-333-7200

ATTN: _____

SPECIFIED ITEM _____

Section _____ Paragraph _____

PROPOSED SUBSTITUTE _____

Attach complete description, catalog, spec data, and laboratory tests if applicable.

1. What effect will substitution have on dimensions, gauges, weights, etc. indicated in Contract Documents?

2. What effect will substitution have on wiring, piping, duct work, etc. indicated in Contract Documents?

3. What effect will substitutions have on other trades?

4. What effect will substitution have on construction schedule?
- _____
- _____
5. What are the differences in quality and performance between proposed substitute and specified product?
- _____
- _____
6. Manufacturer's guarantees of the specified products and proposed products are:
- Same: _____ Different (Explain) _____
- _____
7. List (on separate sheet) the availability of maintenance services and replacement materials for proposed substitute.
8. List (on separate sheet) names, addresses and phone numbers of fabricators and suppliers for proposed substitutes.
9. If the substitution request is accepted, it will result in:
- No cost impact _____ Credit (How much) _____
- Added cost (How much) _____
10. There are _____ are no _____ license fees and royalties pending on the proposed substitute. (Explain)
- _____
- _____
11. The undersigned shall pay for additional studies, investigations, submittals, redesign and/or analysis by the Architect/Engineer caused by the requested substitutions.

**FRANKLIN CO.
ANIMAL CONTROL FACILITY**

WINCHESTER, TN

SUBMITTED BY: (Contractor)

Firm

Address

Signature

Telephone No. _____ Date _____

Submitted for review by Architect.

Date

ARCHITECT/ENGINEER'S REVIEW COMMENTS:

- ___ Accepted
- ___ Accepted as Noted (see attached copy)
- ___ Rejected due to incomplete form. Resubmit.
- ___ Not Accepted
- ___ Received Too Late

Signature _____

Date _____

Remarks

- END OF SECTION -