REQUEST FOR SUBSTITUTION

Project:	Project Grace	Project No.: 7701-177600	
To:	LS3P	Specification Section #:	
	Wilmington, NC	Contractor:	
Attn.:	Charles Boney, Jr., FAIA	Requested by:	
Phone:	910-790-9901	Phone:	
Fax:	910-790-3301	Fax:	
Email:	charlesboney@ls3p.com	Email:	
Reason fo	r not providing specified item:		
Savings to	Owner for accepting substitution:		
	Product/Fabrication Method e/description; model no.; manufacturer):		
	,		
Required	Information for <i>Specified</i> Product:	Attached:	
Point by Point Comparative Product Data			
Tests			
Reports			
Fabrication Drawings			
Samples (Where Applicable)		
	Product/Fabrication Method		
(List trade	e name/description; model no.; manufacturer):		
Daguinad	Information for <i>Proposed</i> Product:		
Required	information for <i>Proposea</i> Product:	Attached:	
Point by F	Point Comparative Product Data	(Required)	
Tests	Cint Comparative Froduct Bala		
Reports		Π	
Fabrication Drawings		ī i	
Samples (Where Applicable)		П	
List of Related Changes/Modifications:			
	es between proposed substitution		
and specii	fied product:		
Proposed	product/fabrication method		
	ner parts of the Work	xplain	

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Undersigned certifies:

- Proposed substitution has been fully investigated and determined to be equal or superior in all respects to specified product as utilized for this project, except as noted herein.
- Qualifications of manufacturer, installer, and other specified parties meet the specified qualifications.
- Same special warranty will be furnished for proposed substitution as for specified product.
- Same maintenance service and source for replacement parts, as applicable, is available as that specified.
- Proposed substitution does not affect dimensions and functional clearances, except as noted herein.
- Proposed substitution complies with requirements in the Contract Documents and is appropriate for applications indicated.
- Failure of proposed substitution to produce indicated results will not be considered grounds for additional payment or time.

For the Contractor:	
Submitted by:	
Signed:	
Firm:	
Telephone:	
Fax:	
Email:	
For the Manufacturer:	
Submitted by:	
Signed:	
Firm:	
Telephone:	
Fax:	
Email:	

END OF REQUEST FOR SUBSTITUTION