| **CONTRACT DOCUMENT DEVIATION REQUEST FORM** | Project No.: |  |  |
| --- | --- | --- | --- |
| **Instructions to Contractor:** *Complete this form, attach any supporting data and submit to the Director’s Representative and the OGS Project Manager.* |
| Project Title: *(Project Title, Facility Name and Address)* | Contractor Name and Address: |
| Deviation Request No. | Date Submitted: | Specification Section, Article and/or Drawing No: | Sub Contractor/Supplier/Installer Name and Address: |
| Item Description: |  |
|  |
| Reason for Deviation: *(If specified product, material or detail cannot be provided, include statement indicating why and provide supporting information.)* |
| Differences (point-by-point comparative data) between proposed deviation and specified product, material or detail: |
| Proposed deviation affects other parts of Work (trades): [ ]  YES [ ]  NOExplain:  |
| Time Impact due to Deviation: [ ]  YES [ ]  NO [ ]  ADD [ ]  DEDUCT |  | Days |
| **Anticipated deviation savings and/or benefit to State:****(Subject to review under Article 10)** | **$**  |  |
| **Benefit:** |
| Supporting Data Attached: [ ]  Drawings [ ]  Product Data [ ]  Samples [ ]  Tests [ ]  Reports |
| **ACCEPTANCE SIGNATURES** |
| The Contractor’s Representative signature certifies:Proposed deviation affects dimensions and functional clearances. [ ]  YES [ ]  NOProposed deviation affects or delays project schedule. [ ]  YES [ ]  NO*If “YES” to either of the above describe in further detail.* |
|  |
| Costs associated with other trades, known at the time of the deviation request or as a result of the deviation request, will be at the expense of the Contractor proposing the deviation. [ ]  YES [ ]  NOCoordination, installation and changes in the Work as necessary for accepted deviation will be complete in all respects. [ ]  YES [ ]  NO*If “NO” to any of the above describe in further detail.* |
|  |
| Contractor understands that the Cost Data of any accepted deviation is to be submitted and reviewed under Article 10 of the General Conditions**.** |
| Contractor’s Representative | Date |
| **A/E Designer of Record Recommendation:**[ ]  Deviation Request approved to proceed with deviation in accordance with Article 10 of the contract General Conditions.Make submittals in accordance with 013300.[ ]  Deviation Request approved as noted to proceed with deviation in accordance with Article 10 of the contract General Conditions. Make submittals in accordance with 013300.[ ]  Deviation Request rejected.Use specified product and/or detail. | Notes: A/E Designer of RecordDate |
| OGS Team Leader[ ]  Recommended [ ]  Not Recommended | Date | Director’s Representative[ ]  Recommended [ ]  Not Recommended | Date |
| Regional Supervisor[ ]  Recommended [ ]  Not Recommended | Date | Director, Division of Construction [ ]  Approve [ ]  Reject | Date |
| [ ]  Client Agency Representative Notified (Team Leader to complete) |
| Agency Rep: |  | Notified by: |  | Date: |  |