

13 NOVEMBER 2023

SECTION 00 43 25 SUBSTITUTION REQUEST FORM

- A. Submissions for approved substitutions will be permitted and processed in accordance with Paragraph 1.08 of Document 00 21 13.
- B. Submissions will be "received dated" immediately upon arrival at the office of the Architect, Wallover Architects incorporated.
- C. Submissions will be filed until they are to be reviewed.
- D. Submissions will not be reviewed for completeness or compliance until after the tenth day prior to the bid due date at 4:00 PM.
- E. Submittals will be reviewed by members of the project team. Reviewers will not be designated until after the closing of the period for receipt of submittals (tenth day prior to bid due date at 4:00 PM).
- F. Reviewer's General Criteria for review will be:
  - 1. Burden of proof of performance equality and completeness of this submittal is the responsibility of the submitter.
  - 2. Reviewers will not be required to complete the submittal, that is, select from options or between models and lines of products.
  - 3. Reviewer will not be required to seek information from the manufacturer's literature on file in the office, or information from other locations.
  - 4. Product must be equal, or better, in those features and performance which specified product provides.
  - 5. When in reviewer's opinion, significant deficiencies are established, further review of submitted data is not required.
- G. Reviewer will note action (approval or disapproval), the date, and their initials.
- H. If a submittal is disapproved, reviewer will make notations that will be adequate to guide a later reviewer to the same conclusion. Sample notations may be: "Submittal vague", "incomplete", or "product equality not substantiated".
- I. Submittals received after closing time will be "received dated," marked "late", initialed, and filed without review.
- J. Submittals will be filed in the project file until completion of the project, then destroyed.
- K. Approval of a substitute item will be communicated to bidders in the form of an Addendum.

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PROJECT: J. Evans Physical Education Building-Swimming Pool Decommissioning, One HACC Drive, Harrisburg, PA 17110.

PART 1 – GENERAL INFORMATION

CONTRACTOR/SUPPLIER: \_\_\_\_\_

We hereby submit for consideration, the following product instead of specified item for above project:

CONTRACT FOR WHICH SUBSTITUTION WILL APPLY: \_\_\_\_\_

SPECIFICATION SECTION or DRAWING NUMBER: \_\_\_\_\_

PARAGRAPH or DETAIL: \_\_\_\_\_

SPECIFIED ITEM: \_\_\_\_\_

PROPOSED SUBSTITUTION: \_\_\_\_\_

PART 2 – ATTACHMENTS, DESCRIPTIONS AND ADDITIONAL INFORMATION

1. Attach complete product data, including technical data and laboratory tests, as applicable.
2. Attach drawings indicating dimensional changes.
3. Provide a complete description of changes to drawings and specifications which proposed substitution require for its proper installation. Attach additional pages if required.

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4. Attach samples and substantiating data to prove equal quality, performance, and appearance to that which is specified. Clearly mark manufacturer's literature to indicate equality in performance. Differences in quality of materials and construction shall be indicated.
5. Provide a list of names and addresses of three similar projects on which product was used, date of installation, and Architect/Engineer's name, address, and telephone numbers.

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Fill in blanks below (Provide attachments if more space is necessary)

A. Does the substitution affect dimensions indicated on the Contract Drawings?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, clearly indicate changes: \_\_\_\_\_

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B. Will the undersigned pay for changes to the building design, including engineering and detailing costs caused by the requested substitution? YES \_\_\_\_\_ NO \_\_\_\_\_

C. What effect does substitution have on other trades, other contracts, and Contract Completion Date.

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D. What effect does substitution have on applicable code requirements.

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E. List differences between proposed substitution and specified item:

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F. Identify manufacturer's guarantees:

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G. Identify cost impact:

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Undersigned attests function and quality equivalent or superior to specified item.

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CERTIFICATION OF EQUAL PERFORMANCE:

Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_

13 NOVEMBER 2023

FOR USE BY ARCHITECT/ENGINEER:

Accepted: \_\_\_\_\_

Accepted as Noted: \_\_\_\_\_

Not Accepted: \_\_\_\_\_

Received Too Late: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

REMARKS: \_\_\_\_\_

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END OF SECTION 00 43 25

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