

SECTION 01 3500.1

DELEGATED DESIGN SUBMITTAL FORM

This 2-page Submittal Form is to be FULLY completed by the Constructor and attached to **ALL** submittals for this Project.
Use additional sheets as needed. Attach supporting / substantiating documentation to this form. Modifications to form: Prohibited.

PART A: GENERAL SUBMITTAL INFORMATION:

CONSTRUCTOR: _____

name

address, line 1

A/E: _____

address, line 2

NUMBER: _____

A.1: OWNER'S DESIGN PROFESSIONAL:

Weber Murphy Fox, Inc.

A.2: CONSTRUCTOR:

NUMBER: _____

<< constructor name >>

<< constructor address, line 1 >>

NUMBER: _____

<< constructor address, line 2 >>

NUMBER(s): _____

A.3: DELEGATED DESIGN ENGINEER

Contact Information

NUMBER(s): _____

Engineer's Name: _____

Company Name: _____

Address: _____

Phone Number: _____

A.5: DATE SUBMITTED TO

A.6: DATE SUBMITTED TO

A.7: SUBMITTAL

A.8: RESUBMITTAL NUMBER: R-_____

**A.9: SPECIFICATION SECTION
REFERENCE:** _____

A.10: SPECIFICATION PAGE

A.11: SPECIFICATION ARTICLE

A.12: DRAWING SHEET

A.13 DETAIL SHEET

A.14: STANDARDS REFERENCES (ANSI, ASTM, FS, etc.)

A.15 ATTACHMENTS: Label each page with Submittal

A.15.1 ☐ Drawings

A.15.2 ☐ Reports

A.15.3 ☐ Calculations

A.15.4 ☐ Schedules

A.15.5: Deviation from Contract Documents?

☐ NO Deviations

☐ YES (attach complete documentation)

B: COORDINATION IS REQUIRED WITH WORK IN THESE DIVISIONS (Constructor mark all that apply)

☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14

☐ 21 ☐ 22 ☐ 23 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 31 ☐ 32 ☐ 33

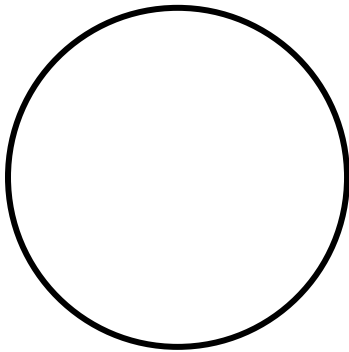
C: CONSTRUCTOR REVIEW CERTIFICATION: Constructor is responsible for providing submittals which are approvable.
As an authorized agent of the Constructor, I hereby certify that the attached submittal has been reviewed and as revisions marked, is in complete compliance with the Contract Documents.

C.1: Reviewer Signature: _____

C.2: Printed Name: _____ Date
Signed: _____

D: DELEGATED DESIGNER'S CERTIFICATION: (Completed by the Delegated Designer)

The submitted design satisfies contractually-required performance standards or design criteria, applicable codes and sound professional practice standards and the undersigned designer understands and acknowledges that he/she is exclusively and professionally responsible for design notwithstanding design review, collaboration, or other role or participation of the Owner's Design Professional or others in the design development and review process; and that the Owner and such others are entitled to rely upon the accuracy, completeness, reliability, quality, suitability, and constructability of the design and further rely upon the terms of the certification and the undersigned designer's representation that it has satisfied all contractual and professional practice, code and other public law requirements in the development of the design.



D.1: Reviewer Signature: _____

D.2: Printed Name: _____ Date
Signed: _____

⇐ Affix Delegated Designer's professional stamp, sign and date in the space provided

E: SUBMITTAL REVIEW ACTION

E.1: OWNER'S DESIGN PROFESSIONAL

REVIEW STAMP: (Completed by Owner's Design Professional)

Reviewed for General Conformance with the design concept of the Work as set forth in the Contract Documents. Neither this submittal review by the Owner's Design Professional nor any participation in reviews or comments with respect to preliminary or iterative designs shall in any manner or respect diminish or otherwise affect the Contractor's and its Delegated Designer's exclusive responsibility for the adequacy, completeness, suitability, reliability, conformity and compliance of the design with requirements of the Contract Documents, applicable codes and standards, and applicable professional practice standards. Corrections and comments made or not made on this submittal do not relieve the contractor from compliance with the Contract Documents. Refer to the Contract Documents for Contractor's Responsibilities.

- ☐ APPROVED
- ☐ APPROVED AS NOTED – PROCEED
- ☐ REVISE AND RESUBMIT
- ☐ NO ACTION TAKEN OR REQUIRED

E.2: OWNER'S DESIGN PROFESSIONAL'S

CONSULTANT REVIEW STAMP (Completed by Owner's Design Professional's Consultant)

☐ REJECTED – DO NOT USE

E.2: COMMENTS _____

Reviewer: _____ Date: _____

E.4: COMMENTS

Reviewer: _____ Date: _____

☐ Additional comments as attached.

- END OF FORM -