SUBSTITUTION REQUEST

Project: __________________________________________   Substitution Request Number: ___________________________
From: __________________________________________
To:       ________________________ ________________ __   Date: ________________________________________
A/E Project Number: __________________________
Re:      __________________________________________ _ Contract For: ___________________________________

Specification Title: _________________________________ Description: __________________________________________
Section: __________________Page: __________________   Article/Paragraph: ______________________________

Proposed Substitution: __ABH 2000 SERIES ELECTRO-MAGNETIC DOOR HOLDERS____________________
Manufacturer: __ABH MANUFACTURING__Address: _1222 Ardmore Ave, Itasca, IL_____Phone: _630-875-9900____
Trade Name: _______________________________________ _________________ Model No.: ______________________

Attached data includes product description, specifications, drawings, photographs and performance and test data adequate for evaluation of the request; applicable potions of the data are clearly identified.

Attached data also includes a description of changes to the Contract Documents that the proposed substitution will require for its’ proper installation.

The Undersigned certifies:

• Proposed substitution has been fully investigated and determined to be equal or superior in all respects to specified product.
• Same warranty will be furnished for proposed substitution as for specified product.
• Same maintenance service and source of replacement parts, as applicable, is available.
• Proposed substitution will have no adverse effect on the other trades and will not affect or delay progress schedule.
• Proposed substitution does not affect dimensions and functional clearances.
• Payment will be made for changes to building design, including A/E design, detailing and constructions costs caused by the substitution.

Submitted by: _____________________________________ ___________________________________________________ 
Signed by:      ___________________________________ ___________________________________________________ ___
Firm:              ________________________________ ___________________________________________________ ______
Address:        ___________________________________ ___________________________________________________ ___
Telephone:    _____________________________________ ___________________________________________________ _

A/E’s REVIEW AND ACTION

☐ Substitution approved – Make submittals in accordance with Specification Section 01 25 00 Substitution Procedures.
☐ Substitution approved as noted – Make submittals in accordance with Specification Section 01 25 00 Substitution Procedures.
☐ Substitution rejected – Use specified materials.
☐ Substitution Request received too late – Use specified materials.

Signed by: Date:

Supporting Data Attached: ☐ Drawings ☐ Product Date ☐ Samples ☐ Tests ☐ Reports ☐ ________

CSI Form 1.5C

©Copyright 2004, Construction Specifications Institute  June 2004
99 Canal Center Plaza, Suite 300, Alexandria, VA 22314   CSI Form 1.5C
Page 1 of ______