

SCOTT COMMUNITY COLLEGE – BELMONT CAMPUS
ALLIED HEALTH WING CTE ADDITION & REMODEL
PROJECT 21002283.01

REQUEST FOR SUBSTITUTION

DATE RECEIVED: 7/20/22

E-MAIL TO: CONTACT PERSON LISTED ON PROJECT MANUAL TITLE PAGE

PROJECT: SCOTT COMMUNITY COLLEGE – BELMONT CAMPUS
ALLIED HEALTH WING CTE ADDITION & REMODEL

PROJECT NO.: 21002283.01

We submit the following product/system/material information for your consideration and approval:

SPECIFICATION SECTION NUMBER AND NAME: 072726-3

SPECIFIED ITEM: Fire Resist Barritech NP

PROPOSED SUBSTITUTION: AIR-SHIELD LSR

Attach complete information on changes to Drawings and/or Specifications, which proposed substitution would require for its proper installation.

Submit with request necessary samples and substantiating data to show equivalency (quality and performance) to that specified. Clearly mark manufacturer's literature to identify proposed item and to identify criteria confirming product is equivalent to the specification.

Submit the Request for Substitution form via e-mail directly to the contact person listed on the Project Title Page of the discipline responsible for preparation of the related specification Section.

Do not submit duplicate requests by multiple transmission methods such as mail delivery, hand delivery, fax, etc. Requests requiring physical samples may be delivered.

The undersigned certifies that the function, appearance, quality, performance and compatibility with adjacent materials are equivalent to the specified item.

Submitted

by:

Taylor Wodzinski
(Signature)

847-214-2100
(Phone)

W. R. MEADOWS
(Firm)

(Fax)

300 INDUSTRIAL DRIVE HAMPSHIRE, IL 60140-0338 TWodzinski@wrmeadows.com
(Address) (Email)

ARCHITECT ACTION:

RECOMMENDED

NOT RECOMMENDED
 RECEIVED LATE

RECOMMENDED AS NOTED
 INSUFFICIENT DATA RECEIVED

By: Melissa Morse

Date: 08.01.22

ENGINEER OR CONSULTANT ACTION:

RECOMMENDED

NOT RECOMMENDED
 RECEIVED LATE

RECOMMENDED AS NOTED
 INSUFFICIENT DATA RECEIVED

By: _____

Date: _____

SCOTT COMMUNITY COLLEGE – BELMONT CAMPUS
ALLIED HEALTH WING CTE ADDITION & REMODEL
PROJECT 21002283.01

FILL IN ALL BLANKS BELOW:

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

Yes No If yes, describe the changes:

B. Will the undersigned pay for changes to the building design, including engineering and detailing costs caused by the requested substitution?

Yes No If no, fully explain: N/A

C. What effect does substitution have on other Contracts or other trades?

NONE.

D. What effect does substitution have on construction schedule?

NONE.

E. Manufacturer's warranties of the proposed and specified items are:

Same Different If different, fully explain:

F. Reason for Request for Substitution:

-

G. Comparison of specified item with the proposed substitution; list significant variations:

FUNCTIONL EQUAL

H. What maintenance services are provided and who will provide:

NONE.

I. Estimated cost savings or additional cost to make substitution:

NONE.

(Attach additional sheets as required)

SCOTT COMMUNITY COLLEGE – BELMONT CAMPUS
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ALLIED HEALTH WING CTE ADDITION & REMODEL

PROJECT NO.: 21002283.01

We submit the following product/system/material information for your consideration and approval:

SPECIFICATION SECTION NUMBER AND NAME: 087100 Door Hardware

SPECIFIED ITEM: Various Non Allegion brand products

PROPOSED SUBSTITUTION: Various Allegion, PLC brand products as listed on the attached document

Attach complete information on changes to Drawings and/or Specifications, which proposed substitution would require for its proper installation.

Submit with request necessary samples and substantiating data to show equivalency (quality and performance) to that specified. Clearly mark manufacturer's literature to identify proposed item and to identify criteria confirming product is equivalent to the specification.

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The undersigned certifies that the function, appearance, quality, performance and compatibility with adjacent materials are equivalent to the specified item.

Submitted

by:

Josh Nelson 317-810-3700
(Signature) (Phone)

Allegion, PLC (Schlage Lock Co.)
(Firm) (Fax)

11819 N. Pennsylvania St. Carmel, IN 46032 (Corporate)
(Address) (Email)

ARCHITECT ACTION:

- RECOMMENDED NOT RECOMMENDED RECOMMENDED AS NOTED
 RECEIVED LATE INSUFFICIENT DATA RECEIVED

By: Melissa Morse Date: 08.01.22

ENGINEER OR CONSULTANT ACTION:

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By: _____ Date: _____

SCOTT COMMUNITY COLLEGE – BELMONT CAMPUS
ALLIED HEALTH WING CTE ADDITION & REMODEL
PROJECT 21002283.01

FILL IN ALL BLANKS BELOW:

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

Yes No If yes, describe the changes:

B. Will the undersigned pay for changes to the building design, including engineering and detailing costs caused by the requested substitution?

Yes No If no, fully explain: There should not be any changes needed

C. What effect does substitution have on other Contracts or other trades?

No effect on other contracts and trades

D. What effect does substitution have on construction schedule?

No effect on the construction schedule

E. Manufacturer's warranties of the proposed and specified items are:

Same Different If different, fully explain:

F. Reason for Request for Substitution:

We want to create a more competitive pricing scenario

G. Comparison of specified item with the proposed substitution; list significant variations:

No significant variations

H. What maintenance services are provided and who will provide:

I. Estimated cost savings or additional cost to make substitution:

(Attach additional sheets as required)

SCOTT COMMUNITY COLLEGE – BELMONT CAMPUS
ALLIED HEALTH WING CTE ADDITION & REMODEL
PROJECT 21002283.01

REQUEST FOR SUBSTITUTION

DATE RECEIVED: 07.28.22

E-MAIL TO: CONTACT PERSON LISTED ON PROJECT MANUAL TITLE PAGE

PROJECT: SCOTT COMMUNITY COLLEGE – BELMONT CAMPUS
ALLIED HEALTH WING CTE ADDITION & REMODEL

PROJECT NO.: 21002283.01

We submit the following product/system/material information for your consideration and approval:

SPECIFICATION SECTION NUMBER AND NAME: #072100 Thermal Insulation

SPECIFIED ITEM: #2.01 B Foil faced ISO in cavity wall

PROPOSED SUBSTITUTION: Carlisle Coating & Waterproofing R2+ Sheathe

Attach complete information on changes to Drawings and/or Specifications, which proposed substitution would require for its proper installation.

Submit with request necessary samples and substantiating data to show equivalency (quality and performance) to that specified. Clearly mark manufacturer's literature to identify proposed item and to identify criteria confirming product is equivalent to the specification.

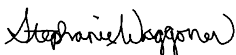
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The undersigned certifies that the function, appearance, quality, performance and compatibility with adjacent materials are equivalent to the specified item.

Submitted

by:



402-763-0206

(Signature)

(Phone)

Luna & Associates

(Firm)

(Fax)

IA/NE

swaggoner@lunaasoc.com

(Address)

(Email)

ARCHITECT ACTION:

RECOMMENDED

NOT RECOMMENDED

RECOMMENDED AS NOTED

RECEIVED LATE

INSUFFICIENT DATA RECEIVED

By: Melissa Morse

Date: 08.01.22

ENGINEER OR CONSULTANT ACTION:

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By: _____

Date: _____

SCOTT COMMUNITY COLLEGE – BELMONT CAMPUS
ALLIED HEALTH WING CTE ADDITION & REMODEL
PROJECT 21002283.01

FILL IN ALL BLANKS BELOW:

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

Yes No If yes, describe the changes:

B. Will the undersigned pay for changes to the building design, including engineering and detailing costs caused by the requested substitution?

Yes No If no, fully explain:

C. What effect does substitution have on other Contracts or other trades?

None

D. What effect does substitution have on construction schedule?

None

E. Manufacturer's warranties of the proposed and specified items are:

Same Different If different, fully explain:

F. Reason for Request for Substitution:

Similar cavity wall insulation by non-listed manufacturer.

G. Comparison of specified item with the proposed substitution; list significant variations:

No variations.

H. What maintenance services are provided and who will provide:

Local distribution, reps & contractors.

I. Estimated cost savings or additional cost to make substitution:

Competitively priced.

(Attach additional sheets as required)

SCOTT COMMUNITY COLLEGE – BELMONT CAMPUS
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ALLIED HEALTH WING CTE ADDITION & REMODEL

PROJECT NO.: 21002283.01

We submit the following product/system/material information for your consideration and approval:

SPECIFICATION SECTION NUMBER AND NAME: #071416 Cold fluid applied waterproofing

SPECIFIED ITEM: #2.01 Cold fluid applied waterproofing

PROPOSED SUBSTITUTION: Carlisle Coating & Waterproofing Miraseal

Attach complete information on changes to Drawings and/or Specifications, which proposed substitution would require for its proper installation.

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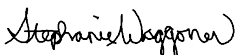
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The undersigned certifies that the function, appearance, quality, performance and compatibility with adjacent materials are equivalent to the specified item.

Submitted

by:



402-763-0206

(Signature)

(Phone)

Luna & Associates

(Firm)

(Fax)

IA/NE

swagoner@lunaasoc.com

(Address)

(Email)

ARCHITECT ACTION:

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RECOMMENDED AS NOTED

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Date: 08.01.22

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Date: _____

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Yes No If yes, describe the changes:

B. Will the undersigned pay for changes to the building design, including engineering and detailing costs caused by the requested substitution?

Yes No If no, fully explain:

C. What effect does substitution have on other Contracts or other trades?

None

D. What effect does substitution have on construction schedule?

None

E. Manufacturer's warranties of the proposed and specified items are:

Same Different If different, fully explain:

F. Reason for Request for Substitution:

Similar waterproofing system by non-listed manufacturer.

G. Comparison of specified item with the proposed substitution; list significant variations:

No variations.

H. What maintenance services are provided and who will provide:

Local distribution, reps & contractors.

I. Estimated cost savings or additional cost to make substitution:

Competitively priced.

(Attach additional sheets as required)

SCOTT COMMUNITY COLLEGE – BELMONT CAMPUS
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PROJECT NO.: 21002283.01

We submit the following product/system/material information for your consideration and approval:

SPECIFICATION SECTION NUMBER AND NAME: DRAWING A1.11 ALLIED HEALTH REFLECTED CEILING PLANS - CEILING NOTES

SPECIFIED ITEM: ARMSTRONG ULTIMA 1911

PROPOSED SUBSTITUTION: USG MARS 86785

Attach complete information on changes to Drawings and/or Specifications, which proposed substitution would require for its proper installation.

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The undersigned certifies that the function, appearance, quality, performance and compatibility with adjacent materials are equivalent to the specified item.

Submitted

by:

 515-262-9206
(Signature) (Phone)

GOLDEN VALLEY SUPPLY (Firm) (Fax)

36 CLARK ST DES MOINES, IA 50314 NATHANYELLE@GOLDENVALLEYSUPPLY.COM
(Address) (Email)

ARCHITECT ACTION:

- RECOMMENDED NOT RECOMMENDED RECOMMENDED AS NOTED
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A. Does the substitution affect dimensions indicated on the Drawings?

Yes No If yes, describe the changes:

B. Will the undersigned pay for changes to the building design, including engineering and detailing costs caused by the requested substitution?

Yes No If no, fully explain: CHANGE TO TILE HAS NO AFFECT ON BUILDING DESIGN

C. What effect does substitution have on other Contracts or other trades?

NONE

D. What effect does substitution have on construction schedule?

NONE

E. Manufacturer's warranties of the proposed and specified items are:

Same Different If different, fully explain:

F. Reason for Request for Substitution:

PROVIDE COMPETITIVE PRICED PRODUCT FOR OWNERS BENEFIT.

G. Comparison of specified item with the proposed substitution; list significant variations:

NONE

H. What maintenance services are provided and who will provide:

NONE

I. Estimated cost savings or additional cost to make substitution:

PRICING WILL BE COMPETITIVE

(Attach additional sheets as required)