

May 20, 2013

To: All Plan Holders of Record

From: University of Nebraska at Omaha  
Facilities Management & Planning Department

Re: ***UNO Arts and Sciences Hall Re-roof, Painting, Misc. repairs  
and Windows***

***Pre-Bid Date: May 17, 2013***  
***Bid Date: May 29, 2013***

Subject: **ADDENDUMS No. 1**

- | <u>ITEM NO.</u> | <u>DESCRIPTION OF CHANGE</u>  |
|-----------------|---|
| 1.              | Per drawing A4.1 detail 2, Provide a unit cost to cut out rotted sills and provide new blocking during window replacement.  |
| 2.              | Contractor will be responsible for the removal and replacement of Window coverings during construction. It is the contractors responsibility to protect window coverings from damage. Window coverings damaged during construction will be replaced at contractors expense. |
| 3.              | Furniture moving will be the responsibility of University personnel.  |
| 4.              | See attached 00 63 25 Substitution form   |

**END OF ADDENDUM 1**

# REQUEST FOR APPROVAL OF SUBSTITUTION

Project Name: \_\_\_\_\_ UNO Proj. No.: \_\_\_\_\_

Date: \_\_\_\_\_ Invitation No.: \_\_\_\_\_

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

Section No.: \_\_\_\_\_ Specified Item: \_\_\_\_\_

Proposed Substitution: \_\_\_\_\_

Attach complete technical data, including laboratory tests, if applicable. Include any changes to drawings and/or specifications required by proposed substitution.

**Does the substitution affect dimensions shown on Drawings?  Yes  No**

If yes, describe:

---

---

**Will the undersigned pay for changes to the building design, including engineering and detailing costs, caused by the requested substitution?  Yes  No**

**Does substitution affect other trades?  Yes  No**

If yes, describe:

---

---

**Manufacturer's guarantees of the proposed and specified items are different?**  
 Yes  No (If yes, explain on attachment)

Submitted By:

**Response of Specifier**

Signature

Request is approved subject to compliance with the specification and an addendum will be issued.

Firm

Approval cannot be granted because this request did not reach this office within the specified time.

Address

Approval cannot be granted at this time.

Prior approval for this substitution is not required by the Specification

Date:

**By:**

Phone No:

**Date:**

Note: A written response will be returned if a self-addressed stamped envelope is included with this request.