

Substitution Request

TO: _____

PROJECT: _____

SPECIFIED ITEM: _____

Section _____ Page _____ Paragraph _____ Description _____

The undersigned requests consideration of the following:

PROPOSED SUBSTITUTION: Stego Wrap Vapor Barrier/Stego Seaming Tape

Attached data includes product samples, product descriptions, specifications, drawings, performance criteria, test results from an independent lab proving compliance with ASTM E 1745, ASTM E 154, ASTM E 96, ASTM D 1709, ASTM D 828 and installation instructions adequate for evaluation of this substitution request.

No changes to the Contract Documents are anticipated if Stego Wrap Vapor Barrier is approved as a substitution.

The undersigned certifies that the following paragraphs, unless modified by attachments, are correct:

1. The proposed substitution does not affect dimensions shown on Drawings.
2. The proposed substitution will have no adverse affect on other trades or the construction schedule.
3. Products are readily available for this proposed substitution.

The undersigned further states that the function, appearance and quality of the proposed substitution are equivalent (or superior) to the specified item.

Submitted by: _____

Signature: _____

For use by the A/E

Firm: _____

Approved

Approved as noted

Address: _____

Not Approved

Received too late

By: _____

Date: _____

Date: _____

Telephone: _____

Remarks: _____

Attachments _____
