

CONSTRUCTION CHANGE DIRECTIVE

City of Folsom

50 Natoma Street, Folsom, CA 95639
(916) 355-7200/Office (916) 355-7227/Fax



NAME & ADDRESS OF PROJECT:

DATE OF ISSUANCE:

DIRECTIVE NUMBER:

File Reference

OWNER ☐

ARCHITECT ☐

CONTRACTOR ☐

FIELD ☐

OTHER ☐

NAME & ADDRESS OF CONTRACTOR:

You are hereby directed to make the following change(s) in this contract:

Documentation supporting proper completion of work by this C.C.D. must be attached to pay application.

PROPOSED ADJUSTMENTS

1. The proposed basis of adjustment to the Contract Sum:

☐ Lump Sum (increase) (decrease) of \$ _____

☐ Unit Price of \$ _____ per _____

☐ Time & Materials, Not to Exceed \$ _____

2. The Contract Time is proposed to: ☐ Be adjusted ☐ Remain unchanged.

3. The proposed adjustment, if any: ☐ An increase of _____ days ☐ A decrease of _____ days

FIELD AUTHORIZATION

Owner's representative: _____
(Authorized Signature) (Print Name) (Date)

Notes: _____

Signature by the Contractor indicates the Contractor's agreement with the proposed adjustments in Contract Sum and Contract Time set forth in this Change Directive as full and complete satisfaction of any direct or indirect additional costs incurred by Contractor in connection with performance of the change work.

ACCEPTED

DATE :

CONTRACTOR (Company Name)

(Authorized Signature)

(Print Name)

When signed by the Owner and Architect and received by Contractor, this document becomes effective IMMEDIATELY, and the Contractor shall proceed with the change(s) described above.

APPROVED

DATE:

ARCHITECT (Company Name)

(Authorized Signature)

(Print Name)

ACCEPTED

DATE:

City of Folsom

OWNER

(Authorized Signature)

(Print Name)