

**SUBSTITUTION**

**REQUEST**

**(After the Bidding/Negotiating Phase)**

Project:

To:

Re:

Substitution Request Number:

From:

Date:

A/E Project Number:

Contract For:

Specification Title:

Section: Page:

Description:

Article/Paragraph:

Proposed Substitution: **DensElement®Barrier System**

Manufacturer: Georgia-Pacific Gypsum Address: 133 Peachtree St NE, Atlanta, GA 30303 Phone: 800-225-6119

Trade Name: DensElement® Barrier SystemModel:

Installer: Address: Phone:

History:  New product ☐ 1-4 years old  X 5-10 years old ☐ More than 10 years old

☐ Point-by-point comparative data attached — REQUIRED BY A/E

Reason for not providing specified item: 1) DensElement® Barrier System integrates the water-resistive barrier and air barrier into sheathing when the joints, fasteners, penetrations, openings, and transitions are sealed with DensDefy™ Liquid Flashing per Georgia-Pacific Gypsum installation instructions.

2) DensElement™ Barrier System saves time and cost compared to alternative water-resistive and air barrier products that are field applied to sheathing.

Similar Installation:

Project: Architect:

Address: Owner:

Date Installed:

Proposed substitution affects other parts of Work: ☐ No  ☐ Yes; explain

Savings to Owner for accepting substitution:

Proposed substitution changes Contract Time: ☐ No ☐ Yes Deduct

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

**SUBSTITUTION**

**REQUEST**

**(After the Bidding/Negotiating Phase — Continued)**

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 other trades and will not affect or delay progress schedule.
* Cost data as stated above is complete. Claims for additional costs related to accepted substitution which may subsequently become apparent are to be waived.
* Proposed substitution does not affect dimensions and functional clearances.
* Payment will be made for changes to building design, including A/E design, detailing, and construction costs caused by the substitution.
* Coordination, installation, and changes in the Work as necessary for accepted substitution will be complete in all respects.

Submitted by:

Signed by:

Firm:

Address:

Telephone:

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| --- | --- |
| Attachments: |  |

A/E’s REVIEW AND RECOMMENDATION

☐ Approve Substitution - Make submittals in accordance with Specification Section 01 25 00 Substitution Procedures.

☐ Approve Substitution as noted - Make submittals in accordance with Specification Section 01 25 00 Substitution Procedures.

☐ Reject Substitution - Use specified materials.

☐ Substitution Request received too late - Use specified materials.

Signed by: Date:

OWNER'S REVIEW AND ACTION

☐ Substitution approved - Make submittals in accordance with Specification Section 01 25 00 Substitution Procedures. Prepare Change Order.

☐ Substitution approved as noted - Make submittals in accordance with Specification Section 01 25 00 Substitution Procedures. Prepare Change Order.

☐ Substitution rejected - Use specified materials.

Signed by: Date:

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| --- |
| Additional Comments: ☐Contractor ☐Subcontractor ☐Supplier ☐Manufacturer ☐A/E |