THE FOLLOWING ITEMS ARE PART OF THE

CONTRACT SPECIFICATIONS, BUT NOT REQUIRED

AS PART OF THE BID SUBMISSION PACKAGE

ITEMS ENCLOSED

Yezzi Associates forms:

- Change Order Request
- Architects Field Report
- Certification of Payments
- Shop Drawing Submittal
- Proposed Substitution Certification
- Request for Information
- Close-Out Documentation

CHANGE ORDER REQUEST (COR)

YEZZI ASSOCIATES

Project Name:

Date: **Project No.:**

Contractor: **Construction Manager:**

Architect's No: **Contractor's COR No:**

Drawing Reference: **Reference:**

Specification Reference: **Date Resolved:**

ITEMIZED CHANGE ORDER REQUEST

ITEM:	MATERIAL:	LABOR:	COST:
CONTRACTOR OVERHEAD 5%			
CONTRACTOR PROFIT 5% OR SUBCONTRACTOR 5%			
BONDS, INSURANCE, ETC. 2% MAX			
TOTAL:			

Attachments: Yes ☐ No ☐ ☐ Schedule Change: _____ Days ☐ Cost $ _____ Approx.

FIRM: _____ _____

Firm Name Signed

_____ _____

Date Printed

THE CONTRACTOR SHALL CERTIFY THAT THE COST FOR MATERIAL AND LABOR INDICATED DO NOT INCLUDE ANY THIRD PARTY FEES ADDED TO THE PROPOSAL.

RECOMMEDATION BY ARCHITECT

ACCEPTED ☐ ACCEPTED AS INDICATED ☐ REVISE & RESUBMIT ☐ REJECTED ☐

_____ _____

Signature Date

_____ _____

Printed Accepted Amount

This is not an authorization to proceed with work involving additional cost or time. Provide written notification in response to the COR prior to proceeding with work, if any response causes a change to the scope of work.

YEZZI ASSOCIATES - P.O. Box 1638, Toms River, NJ 08754 Phone:732-240-3433 Fax: 732-240-3463 (Form 2024)

ARCHITECTS FIELD REPORT

YEZZI ASSOCIATES

Project Name:

Project No.:

Report Number:

Architect/Engineer:

Contractor: **Recorded By:**

Date: **Weather:**

Time In: **Time Out:**

GENERAL OBSERVATIONS: (WORK IN PROGRESS, PERCENTAGE COMPLETE, WORKERS ON SITE)

QUESTIONS RAISED BY CONTRACTOR / OWNER:

Copies To:

- ☐ Contractor
- ☐ Construction Manager
- ☐ Engineer
- ☐ Owner
- ☐ File

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(Form 2018)

CERTIFICATION OF PAYMENTS

(TO ACCOMPANY ALL PAYMENT REQUESTS)

YEZZI ASSOCIATES

Payment Request No.: _____

Project Name: _____

Date: _____ **Architect's Project No.:** _____

Contractor: _____ **OC Project No.** _____

Con. Manager: _____ **OC Contract No.** _____

PAYMENT INFORMATION:

The contractor _____ does herby certify that he/she has made
Name

any and all payments to their subcontractors and material suppliers in accordance with their last application for payment as per form G-702 and G-702A and all prior payments.

Contractor:

Signature: _____ Date: _____

Company Name _____
Address: _____

_____

_____

Phone No: _____ Fax No.: _____

COMMENTS: (for exceptions by contractor)	**ARCHITECT REVIEW**
	Payments will not be processed if this form does not accompany all payment requests and signed.
	Arch.
	Date Amount

NOTARY:

Subscribed and sworn to before

me this _____ day of _____ ,20_____

_____

Notary public, state of _____

My commission expires _____

YEZZI ASSOCIATES - P.O. Box 1638,Toms River, NJ 08754 Phone: 732-240-3433 Fax: 732-240-3463 (Form 2018)

SHOP DRAWING SUBMITTAL

YEZZI ASSOCIATES

Architects Shop Drawing No.: _____

Attention: _____

Project Name: _____

Date: _____ **Project No.:** _____

Contractor: _____ **Construction Manager:** _____

SUBMITTAL INFORMATION:

Submitted by: _____

Product: / specification section: _____

Brief Description: _____

_____

shop drawing: ☐ sample: ☐ data: ☐ color chart: ☐ substitution ☐

SUBSTITUTION:

** All proposed substitutions must have a completed and notarized certification form to be considered for review and acceptance - Submission and review does not imply or certify acceptance unless specifically indicated in the Yezzi Associates shop drawing stamp.

certification included: ☐

CONTRACTOR'S CERTIFICATION

The contractor certifies this submission has been field verified and all conditions and dimensions conform to the specifications and drawings

DATE: _____

NAME: _____
(Signature)

NAME: _____
(Print)

Notes:

YEZZI ASSOCIATES USE ONLY:

YEZZI ASSOCIATES USE ONLY:

SHOP DRAWING REVIEW

YEZZI ASSOCIATES, LLC
ARCHITECTS & PLANNERS
P.O. BOX 1638, TOMS RIVER, NJ 08754
PH: 732-240-3433 FAX:732-240-3463
EMAIL: INFO@YEZZIASSOCIATES.COM

1. THIS SHOP DRAWING HAS BEEN REVIEWED FOR GENERAL CONFORMANCE WITH THE CONTRACT DOCUMENTS BY THE DESIGN PROFESSIONAL.
2. THE CONTRACTOR SHALL CERTIFY THAT HE HAS REVIEWED THIS SHOP DRAWING IN CONFORMANCE WITH AIA DOCUMENT A201-2007 GENERAL CONDITIONS OF THE CONTRACT FOR CONSTRUCTION, SECTION 3.12 THRU SECTION 3.12.10.
3. THE CONTRACTOR SHALL FIELD CHECK AND VERIFY ALL DIMENSIONS PRIOR TO SUBMISSION OF SHOP DRAWINGS, FABRICATION, AND INSTALLATION.
4. IF THE SUBMISSION INCLUDES A SUBSTITUTED ITEM OR SYSTEM, THE CONTRACTOR MUST PROVIDE WRITTEN CERTIFICATION THAT THE SUBSTITUTION IS EQUAL OR BETTER THAN THE ORIGINAL ITEM OR SYSTEM SPECIFIED.

ACTION TAKEN BY DESIGN PROFESSIONAL

☐ PROVIDE AS SUBMITTED ☐ REVISE & RESUBMIT
☐ PROVIDE WITH NOTED CORRECTIONS ☐ REJECTED

REVIEWED BY: _____

DATE: _____

* This form must accompany each copy of every shop drawing submitted for review and acceptance. Revised: 02/08/23

PROPOSED SUBSTITUTION CERTIFICATION

YEZZI ASSOCIATES

Architects Shop Drawing No.: _____

Project Name: _____

Date: _____ **Project No.:** _____

Contractor: _____ **Construction Manager:** _____

TO ALL CONTRACTORS, MATERIAL SUPPLIERS AND MANUFACTURES:

All Shop Drawings Submitted which are not as Originally Specified Will be Rejected Without Review if:

1) The submittal is not indicated as a substitution for that specified.
2) The proposed substitution is not certified as being equal to or better then that specified.
3) The proposed substitution does not carry a warranty equal to or better than the warranty for the item being substituted . If a substitution is found to be defective in material, quality, performance or workmanship, it shall be replaced or repaired by the contractor with no additional cost incurred by the owner for a time period equal to that specified or five years minimum which ever is greater.

A. Description of material and name of substituted material to be used: _____

_____

_____

B. Section of specification: _____

CONTRACTOR'S SIGNATURE: _____ DATE: _____

MANUFACTURER'S SIGNATURE: _____ DATE: _____

REASON FOR SUBSTITUTION:

NOTARY:

Subscribed and sworn to before
me this _____ day of _____ ,20_____

_____

_____

Notary public, state of _____
My commission expires _____

ARCHITECTS REVIEW

DATE: _____ ACCEPTED ☐ RESUBMIT ☐ REJECTED ☐

NAME: _____

*This complete form must accompany each proposed substition for review and acceptance.

** All proposed substitutions must have a completed a& notarized certification form to be considered for review & acceptance

Submission & review does not imply or certify acceptance unless specifically indicated in the Yezzi Associates shop drawing stamp.

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REQUEST FOR INFORMATION (RFI)

YEZZI ASSOCIATES

Project Name: _____

Date: _____ **Project No.:** _____

Contractor: _____ **Construction Manager:** _____

Architect's RFI No: _____ **Contractor's RFI No:** _____

Drawing Reference: _____ **Re:** _____

Specification Reference: _____ **Date Request Required By:** _____

Date Resolved: _____

INFORMATION REQUIRED & PROPOSED SOLUTION FROM CONTRACTOR/ C.M.

Attachments: Yes: ☐ No: ☐ Potential Impact to: ☐ Schedule: ___ Days: ☐ Cost $_____ Approx.

Firm: _____ _____
Firm Name Signed

_____ _____ _____
Date Date Required Printed

RESPONSE:

Firm: _____ _____
Firm Name Signed

_____ _____ _____
Date Date Required Printed

This is not an authorization to proceed with work involving additional cost or time. Provide written notification in response to the RFI prior to proceeding with work, if any response causes a change to the scope of work.

YEZZI ASSOCIATES - P.O. Box 1638,Toms River, NJ 08754 Phone: 732-240-3433 Fax: 732-240-3463 (Form 2018)

CLOSE-OUT DOCUMENTATION (COD)

YEZZI ASSOCIATES

Project Name:

Architect's Project No.

Date:

OC Project No.

Contractor:

Construction Manager:

Address

Checklist Submission Date:

Checklist Acceptance Date:

REQUIRED CLOSEOUT DOCUMENTATION

PROVIDED	DOCUMENT NAME
☐	Supplemental Attachment for Acord Certificate of Insurance - AIA Document G715
☐	Affidavit of Payment of Debts and Claims - AIA Document 706
☐	Affidavit of Release of Liens - AIA Document G706A
☐	Consent of Surety to Final Payment - AIA Document G707
☐	Certification of Paid Wages in accordance with NJ Prevailing Wage Act
☐	One-Year Maintenance Bond in form as bond herein
☐	As-Built drawings on USB flash drive
☐	Maintenance Manuals and Instructions
☐	Special written guarantees and warrenties in addition to the one-year guarantee covered by Maintenance Bond. Guarantee shall be signed & sealed by Officer of the Contracting Firm and shall be notarized
☐	Final Certificate of Approval/Occupancy
☐	Completion of Punchlist Items
☐	Updated final statement, accounting for final changes to the contract sum
☐	Transmittal of required Project Construction records to the Owner
☐	Final liquidated damages settlement statement
☐	Original County Voucher form marked "Final Payment"
☐	Removal of temporary facilities, services, surplus materials, debris, etc.

Attahcments ☐ **Yes** ☐ **No**

Contractor's Signature:

Contractor's Address:

Contractor's Phone #:

Contractor's Federal ID#:

Notary:

Contract Total Amount

RECOMMENDATION BY ARCHITECT

☐ Accepted ☐ Accepcted As Indicated ☐ Rejected

Signature Date:

Printed