



ENGINEERING DEPARTMENT

DATE: October 4, 2016
FROM: Gabe Schell, PE | City Engineer 
ITEM: Sewer Improvement District No. 16-569

REQUEST

Request approval of Contract Change Order No. 1, change in contract timeline.

Please place this item on the October 11, 2016 City Commission meeting.

BACKGROUND INFORMATION

Completion date change is requested primarily due to other contractors within the subdivision behind on grading and other underground utilities.

RECOMMENDED CITY COMMISSION ACTION

Consider request for approval of Contract Change Order No. 1, change in contract timeline, from August 26, 2016, to September 27, 2016.

STAFF CONTACT INFORMATION

Gabe Schell, PE
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701-355-1505

CONTRACT CHANGE ORDER FORM

DEPARTMENT

Contract between the City of Bismarck and Cofell's Plumbing & Heating Inc.

Contract Number: _____ Change Order Number: _____ 1 _____

Project/Subproject: SE16-569 Original Contract Amt: \$521,282.00

Project Description: Sewer Improvement District SE16-569

Previous Contract Amount: _____

Change Order Amount: _____

Original Contract Date: August 26, 2016 Change in Contract Timeline: Sept. 27, 2016

Within Project Scope: Y / N*

Within Project Funding: Y / N**

**If not within project scope, attach description of change in scope for Board approval.*

***If not within project funding, attach revised Project Budget for Board approval.*

Type of Change Order

_____ Non Design-related Change Order: These change orders include unforeseen conditions, code-related issues, and building inspector changes.

_____ Design-related Change Order: These change orders include unforeseen conditions that affect the appearance, layout, functionality, dimensions, and/or quality of the project.

_____ Emergency Field Condition Change Orders: These change orders include any condition that causes an emergency situation where safety or other immediate losses may occur.

X Other: (describe _____ Timeline extension _____)

Project Manager Signature: (<\$15,000) _____
Date

Department Head Signature: (<\$25,000) _____
Date

ADMINISTRATION

City Administrator Signature: (<\$50,000) _____
Date

Add to Commission Consent Agenda

COMMISSION APPROVAL

Commission Approval Date: _____

Attach minutes for Commission Approval

FISCAL

Comments: _____
Signature Date Completed

TO ALL DEPARTMENTS: Please attach a copy of the change order