OS/31/16 Mtg AGenda Item #8 AIA® Document G701™ - 2001

	20 g		
PROJECT: (Name and address)	CHANGE ORDER NUMBER: 2		OWNER □
Alterations to Siouxland Dis Health	t DATE: 5/12/2016		ARCHITECT □
1014 Nebraska			CONTRACTOR □
Sioux City, Iowa TO CONTRACTOR: (Name and address)	ARCHITECT'S PROJECT NUMB	ER: 1431	
Sioux Contractors	CONTRACT DATE: 3/15/201	16	FIELD □
412 Pavonia Sioux City, Ia 51101	CONTRACT FOR: General C		OTHER
The Contract is changed as follows: (Include, where applicable, any undispute	ed amount attributable to previous	sly executed Construc	ction Change Directives.)
Relocate ticket numbering Furnish and install 4 pus Add 1 duplex convenience Add 2 data outlets in Rec	g system complete with shbuttons at front coun outlet in Reception ar	conduit and wi ter for number ea per Owner's	ring to front desk
The I does not be the received	seption died per owner	s directive.	· ·
			TOTAL ADD \$1,500.
The original (Contract Sum) (Guaranteed	Maximum Price) was		\$ 477,900.00
The net change by previously authorized (Change Orders		\$800.00
The (Contract Sum) (Guaranteed Maximu	m Price) prior to this Change Ord	er was	\$ 478,700.00
The (Contract Sum) (Guaranteed Maximu by this Change Order in the amount of	m Price) will be (increased) (decor	saead) (unchanged)	\$ 1,500.00
The new (Contract Sum) (Guaranteed Max	ximum Price), including this Char	nge Order, will be	\$ 480,200.00
The Contract Time will be (increased) (de	cycasod) (unchanged) by		(₀) days.
The date of Substantial Completion as of t		refore, is Tune 24	
NOTE: This Change Order does not includ that have been authorized by Construction Owner and Contractor, in which case a Ch	le changes in the Contract Sum, Co Change Directive until the cost an	ontract Time or Guard d time have been agre	anteed Maximum Price eed upon by both the
NOT VALID UNTIL SIGNED BY THE ARCHIT	ECT, CONTRACTOR AND OWNER	•	
RML Architects, LLC SARCHITECT (Firm name) CC	ioux Contractors ONTRACTOR (Firm name)	Woodbury C	ounty Board of Sup
	ioux City, IA	Geny	ingle
ADDRESS	DDRESS	Signature	
Mile Summer	Select Hanes	Siouxland	District Health
SY (Signature) BY	(Signature)	Owner O	Turn
MIKE NESWICK	ROBERT J. AGNES		
(Typed name)	yped name)	Signature	
5/16/16	5/16/16	06 01	116
ZOIE DA		DATE	

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