

SEMINOLE COUNTY BOARD OF COUNTY COMMISSIONERS

CHANGE ORDER
CONSTRUCTION PROJECTS

CONTRACTOR: \_\_\_\_\_ Date: \_\_\_\_\_

Contract No.: \_\_\_\_\_ Project Name: \_\_\_\_\_

Change Order No.: \_\_\_\_\_ Work Order No.: (if applicable) \_\_\_\_\_

Original Contract / Work Order Amount: \$ \_\_\_\_\_

Amount prior to this Change Order, if different: \$ \_\_\_\_\_

Change Order Amount: [ ] Increase [ ] Decrease [ ] No Change \$ \_\_\_\_\_

Revised Contract / Work Order Amount including this Change Order: \$ \_\_\_\_\_

Change Order Time: [ ] Increase [ ] Decrease [ ] No Change \_\_\_\_\_ Days

Date of Substantial Completion through this Change Order: \_\_\_\_\_

Date of Final Completion through this Change Order: \_\_\_\_\_

Waiver: This Change Order constitutes full and mutual accord and satisfaction for the adjustment of Contract / Work Order Price and Time as a result of increases or decreases in costs and time of performance caused directly and indirectly from the change.

Acknowledgements: The aforementioned change, and work affected thereby, is subject to all provisions of the original Agreement not specifically changed by this Change Order; and it is expressly understood and agreed by the County and the Contractor that the approval of this Change Order will have no effect on the original Agreement other than matters expressly provided herein.

This Change Order \_\_\_\_\_ does or \_\_\_\_\_ does not involve changes to the design of the project, which would require the approval and signature of the Architect or Engineer of Record and County Project Manager.

County Project Manager:

Architect / Engineer of Record:

Contractor:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Sign: [Signature] [Signature] Ryan Graham

Date: \_\_\_\_\_ 1/6/2025

PURCHASING AND CONTRACTS DIVISION:

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Procurement Administrator

As authorized by Section 3.554, Seminole County Administrative Code

WITNESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_

[ ] For Board approved Items: Meeting Date: \_\_\_\_\_ Item # \_\_\_\_\_

## SEMINOLE COUNTY CHANGE ORDER ATTACHMENT

Project Name: <u>Highland Pines Gravity Sewer Rehab</u>		Project/Agreement No. <u>CC-4845-23/HSM</u>				
Change Order No. <u>04</u>		CIP# <u>02108055</u>				
Item	Description	Qty	Unit	Unit Price	Qty Incr/Decr	Amount
1	Single Service Cleanout Assembly	34	EA	2,300.00		78,200.00
2	Frame and Cover (F&C)	3	EA	5,500.00		16,500.00
3	Raise F&C	1	EA	4,500.00		4,500.00
4	Sod Restoration F&C	10	SY	50.00		500.00
<b>Total:</b>						<b>\$ 99,700.00</b>