

**LEAD HAZARD REDUCTION & HEALTHY HOMES PROGRAM
CHANGE ORDER REQUEST FORM**



Project Funding: Lead Program Healthy Homes Multi-Family

Agency: Community Concepts
240 Bates St
Lewiston, Maine

Project Type: CAA Contact Name: _____
CAA Contact Title: Thom Walker Lead inspector
CAA Contact Phone: (207) 890-4001
CAA Contact Email: twalker@community-concepts.org

Applicant (Owner): Ahmed Alnuaimi
Property: 10 Clifford St
Biddeford, Maine

Go-Applicant: _____
Contractor: NRH Abatement
Contract Amount: \$ 33,555.00
Contract Date: 10/13/2021

INSTRUCTIONS: Number Change Orders in order of submission dates. Change Orders requiring additional funding must be accompanied by a Change Order Invoice to be eligible for payment. Photographs must accompany the Change Order when applicable.

Prepared By: Thom Walker

Change Order # 1

Item Number	Description of Change	Cost Change
N/A	Contract Start date 04/05/2021 Extended to 06/06/2021	\$ 0.00
	Contract End date of 06/06/2021	\$
		\$
		\$
		\$
		\$
		\$
TOTAL AMOUNT REQUESTED		\$ 0.00

*Use section number from Job Standards and Specifications (Appendix A of Construction Contract).

Original Contract Amount: \$ 33,555.00
 Change Order Amount: \$ 0.00 Updated Contract Amount: \$ _____
 Contract Time Extended by 69 calendar days New Completion Date: 06/06/2021
 Contract Time Not Extended

This Change Order is made a part of the Contract only when all the parties below have hereto set their signatures:

Applicant (Owner) Signature: [Signature] Date: 04-08-2021
 Co-Applicant (Co-Owner) Signature: _____ Date: _____
 Lead Designer Signature: [Signature] Date: 4/06/21
 Lead Designer Name: Thom Walker

Gail Wilkerson
 City Lead & Healthy Homes Program Manager

APPROVED DENIED Date: April 14, 2021