

CHANGE ORDER REQUEST FORM

Date: 6/22/18
P.O. #: 164679
Account #: _____

Change Order #: 1
Department: _____
Project #: 18-053

Requested By: David Boehm
Contractor: NBG Constructors, Inc.

Phone Ext: (281) 495-0842
Contract Date/Time: _____

Change Order Description:


Add 80 lf of railing along section of larger pier

Price Impact:

A. Original Contract Amount: \$87,900.00
B. Current Change Order Amount: \$2,500.00
C. Previous Change Orders: \$0.00
D. Cumulative Change Order Amount (B + C): \$2,500.00
E. Percent of Original Contract ((D x 100)/A): 2.84
F. Revised Contract Amount (A+D): \$90,400.00

Schedule Impact:

Original Contract Time (Days): 30 Original Completion Date: _____
Current Change Order (Days): 0
Previous Change Order (Days): 0
Revised Contract Time (Days): 30 Revised Completion Date: _____

Vendor Acknowledgement:  Date: 6/22/2018

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
 CERTIFICATION OF FILING**

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 NBG Constructors, Inc.
 Houston, TX United States

Certificate Number:
 2018-371989

Date Filed:
 06/25/2018

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Fort Bend County

Date Acknowledged:
 07/03/2018

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
 B18-053
 Change Order for construction of Piers

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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