

APPROVAL OF CONTRACTOR'S APPLICATION FOR EXTENSION OF DATE OF COMPLETION OF CONTRACT

Section III Approvals

Contract No. D

TA

I have reviewed the attached application and advance it for consideration and appropriate action. My records and observations indicate that all work required by the Contract will not be completed on the current completion date for the following reasons(s): (Attach additional sheets if necessary)

Print Name of Project Engineer

Date

Signature

I recommend that the completion date be extended to the ____ day of _____, 20____, with/without a charge for Engineering and Inspection service after the ____ day of _____, 20____, and with/without a charge for Liquidated Damages after the ____ day of _____, 20____.

Director of Construction Management

Date

Extension approved to the ____ day of _____, 20____, with/without a charge for Engineering and Inspection service after the ____ day of _____, 20____, and with/without a charge for Liquidated Damages after the ____ day of _____, 20____.

Chief Engineer, NYS Thruway Authority

Date

For NYSDOT Approval

Date

For FHWA Approval

Date