

Construction Variation Change Form

PROJECT DETAILS

Project Name: _____

Project Location: _____

Contract Number: _____

Project Reference No.: _____

Date of Submission: _____

REQUESTED BY

Client Contractor Architect Engineer Other: _____

Name: _____

Company (if applicable): _____

Designation: _____

Contact Number: _____

Email Address: _____

VARIATION DETAILS

Original Scope of Work:

Requested Change:

Reason for Change:

Design Modification Material Change Unforeseen Site Conditions Client Request Regulatory Compliance Other: _____

Impact on Project Timeline:

No Delay Minor Delay (1-5 Days) Significant Delay (More than a Week)

COST IMPLICATIONS

Item	Original Cost (\$)	Variation Cost (\$)	Revised Cost (\$)
Materials			
Labor			
Equipment			
Subcontractor Fees			
Permits & Fees			
Total Cost Impact			

TIME IMPACT

Original Completion Date: _____

Proposed Revised Completion Date: _____

Additional Days Required: Yes No If Yes, Specify: _____

APPROVALS

Requested By:

Name: _____

Signature: _____ Date: _____

Contractor Approval:

Name: _____

Company Name: _____

Signature: _____ Date: _____

Project Manager Approval:

Name: _____

Company Name: _____

Signature: _____ Date: _____

Client Approval:

Name: _____

Company Name: _____

Signature: _____ Date: _____

Notes/Comments:
