CONTRACTOR REQUEST FOR EXTENSION OF CONTRACT TIME

North Dakota Department of Transportation, Construction Services
SFN 14461 (2-2017)

		PCN
Project Number	Type of Work	County
Original Contract Time (Completion Date Contract) or Working Days (Working Days Contract)		

Request is hereby made that the time allowed for completion of _____
Indicate if request applies to all work or to a specific stage of completion.

_____ on this contract be extended, without liability for liquidated damages, to:

_____ or _____ additional working days.
New Completion Date — No. of Additional Days

REASONS

_____ _____ _____
Contractor — Signature — Date

OWNER'S ACTION

NDDOT's exclusion or omission of any applicable contract provision, Standard Specification or Supplemental Specification or any provision of state or federal law shall not constitute a waiver of that provision, nor shall it affect the enforceability of that provision or the terms of the contract.

_____ _____ _____
Project Owner/Title — Signature — Date

APPROVED FOR FEDERAL AID

☐ NDDOT (Non NDDOT Project) ☐ FHWA

_____ _____ _____ _____
Signature — Date — Signature — Date

_____ _____
Title — Title