

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**CONTRACTOR'S TIME EXTENSION REQUEST**

700-010-56  
CONSTRUCTION  
6/18

Date: \_\_\_\_\_ Time Extension Request No. \_\_\_\_\_  
(Year-Sequential Number)

To: Resident Engineer: \_\_\_\_\_ (Name)

From: Contractor: \_\_\_\_\_ (Company Name)

Subject: Time Extension Request **Project No.** \_\_\_\_\_ **Contract No.** \_\_\_\_\_

**Financial Project ID** \_\_\_\_\_

I. Reason For Request

A. Type of Delay (Check appropriate box)

- |   |   |
|---|---|
| <input type="checkbox"/> Plan/Design Error    | <input type="checkbox"/> DOT Response Time      |
| <input type="checkbox"/> Extra work           | <input type="checkbox"/> Utility Delay          |
| <input type="checkbox"/> Material Acquisition | <input type="checkbox"/> Special Events         |
| <input type="checkbox"/> Local Requirements   | <input type="checkbox"/> Maintenance of Traffic |
| <input type="checkbox"/> Conflicts            | <input type="checkbox"/> Miscellaneous          |

B. Describe Delay:

II. Controlling Items Affected (List items and dates affected)

Controlling Item	Date(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

III. Amount of Added Time Requested:

Work Items Requiring Added Time	Days Requested
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Additional Contract Time Requested \_\_\_\_\_

IV. Added Comments:

Signature: \_\_\_\_\_  
(Contractor)

Position in Company: \_\_\_\_\_