CONTRACTOR REQUEST FOR EXTENSION OF CONTRACT TIME

North Dakota Department of Transportation, Construction

SFN 14461 (Rev. 09-2014)

		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 liqui-

dated damages, to: _____ or _____ additional working days.
New Completion Date No. of Additional Days

REASONS

Contractor	Signed	Date

OWNER'S ACTION

Project Owner	Signature	Date
	Title	

APPROVED FOR FEDERAL AID

☐ NDDOT (Non NDDOT Project)

By _____ _____ Date

_____ Title

☐ FHWA (Required on NHS Projects > $5 Million)

By _____ _____ Date

_____ Title