CONTRACTOR REQUEST FOR EXTENSION OF CONTRACT TIME

North Dakota Department of Transportation, Construction Services
SFN 14461 (4-2026)

		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

APPROVAL FOR FEDERAL AID

◯ Approved ◯ Partially Approved ◯ Not Approved

Signature	Title	Date