



**Recreational Equipment Substitution Request**

SITE PLAN NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_  
 SITE PLAN REVIEWER: \_\_\_\_\_ EXT. \_\_\_\_\_  
 DATE SUBMITTED: \_\_\_\_\_

Section or Phase of Development: \_\_\_\_\_  
 Name of Applicant: \_\_\_\_\_  
 Address of Applicant: \_\_\_\_\_

Authorization: I, \_\_\_\_\_, agent of the above referenced project, am requesting the substitution of the equipment specified below:

	Signature	Date
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

In the space below, justify the substitution by comparing pertinent factors affecting project quality (i.e. wood treatment, wood type, finishing, connecting system, detailing, etc). Proposed equipment should be designed for the same age group and have equivalent activities, in terms of both number and type. Attach complete specifications and cut sheets or other graphic representations for both originally specified item and proposed substitution. A print of the approved site and landscape plans showing the location and equipment list of all recreational facilities may also be required. The proposed substitution must be equal or better than the original equipment in order to be approved.

Reason for Change:

Office Use Only:  
 \_\_\_\_\_  
 Disapproved: Substitution not equal or better  
 Comment: \_\_\_\_\_  
 Approved

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Chief Signature \_\_\_\_\_ Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Supervisor Signature \_\_\_\_\_ Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date Scanned to Imageware