

Exhibit 1.5-2: Appendix B – Variance / Change Request Form

Variance / Change Request Form	HOUSTON
Date:	Standard from which Variance / Change is requested
Project Name:	Section Name:
Project No.:	Page No.:
HAS Representative (PM or	Notes:
Contact:	
Telephone:	
Consultant:	Reason for Variance / Change: (attach additional sheets as required)
Contact:	
Telephone:	
Contractor / Vendor / Other:	If appropriate, attach specifications, catalog cut sheets and submit samples
Contact:	
Telephone:	
Change Review Commitee Meeting (CRC) Outcome:	
DR HAS USE	
PPROVED	
PPROVED AS NOTED	
EJECTED	
	HAS Signature Authority Date