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| **Construction Start Date And Notice to Proceed** | | | |
| **Date:** | Insert | | |
| **To General Contractor, CMR, or Design-Builder:** | Insert | | |
| **Address:** | Insert | | |
| **From DAS/CS Project Manager:** | Insert | **Suite:** | 1201 |
| **Project Title:** | Insert Project Title | | |
| **Project Location:** | Insert Project Location | | |
| **DAS/CS Project Number:** | Insert Project Number | | |
| **Contract Amount:** | Insert | | |

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| This is to record a Meeting held on: | Date |  |
| This Meeting established the **Official Construction Start Date** for the commencement of the Work for this Project. | | |

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| **Attending** | **Entity** | **Phone/Email** |
| Enter Text | Enter Text | Enter Text |
| Enter Text | Enter Text | Enter Text |
| Enter Text | Enter Text | Enter Text |
| Enter Text | Enter Text | Enter Text |
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| **The General Contractor or CMR or Design-Builder *(as applicable)* is hereby notified that:** | | | | | | | | | | | | |
| The **Construction Start Date** for the above DAS/CS Project Number is | | | | | | | Enter Text |  | Enter Text |  | Enter Text | **.** |
|  | | | | | | | *(Month)* |  | *(Day)* |  | *(Year)* |  |
| **Construction shall continue for** | | | | | Enter Text | **Calendar Days until Substantial Completion is achieved on** | | | | | | |
|  | Enter Text |  | Enter Text |  | Enter Text | *unless the number of Calendar Days is extended by authorized Change Order(s) (applicable to Design-Bid-Build or CMR Projects) or Contract Amendments (applicable to Design-Build Projects)****.*** | | | | | | |
|  | *(Month)* |  | *(Day)* |  | (Year) |

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| The Construction Administrator or CMR or Design-Builder *(as applicable)* shall set the date and time for, and will notify all interested parties of, an on-site job meeting to be held prior to the **Construction Start Date**. |
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| **NOTES:** | |  |
| **1.** | The General Contractor or CMR or Design-Builder (*as applicable*) is advised that the State of Connecticut will not grant an extension of time for late delivery of materials. | |
| **2.** | The General Contractor or CMR (*as applicable*) is advised not to proceed with any Change Order work prior to receiving an official Change Order or an official Construction Change Directive **signed by the DAS/CS Project Manager** authorizing such work. **Note: Change Orders and Construction Change Directives are not applicable to Design-Build Projects.** | |
| **3.** | The General Contractor or CMR or Design-Builder (*as applicable*) acknowledges the receipt of an EOE placard and DOL Labor Wage Rates for this project. All forms for contractor’s use can be downloaded from the online DAS Construction Services Library (<https://portal.ct.gov/DASCSLibrary>). The "Application and Certification for Payment" form for transcribing the Schedule of Values is available in PMWeb. | |

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| **DAS/CS Project Manager:** | |  |  | Date |
|  |  | *(Signature)* |  | *(Date)* |

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| **Copies:** | CA |  | OSBI |
|  | Architect of Record |  | OSFM |
|  | State Agency Representative |  | DECD Art in Public Spaces Coordinator |
|  | DAS Policy & Procurement (Bidding) (for D-B-B) |  | Project Files |
|  | DAS Policy & Procurement (QBS) (for CMR or DB) |  |  |

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| **Project Directory** |

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| **Owner:** | **DAS / Construction Services** | | | | |
| **DAS/CS Project Manager:** | | Enter Text | | | |
| **Phone:** | Phone | | | **Fax:** | Fax |
| **Email:** | Email | | | | |
| **DAS/CS Assistant Director of Project Management:** | | | Enter Text | | |
| **Phone:** | Phone | | | **Fax:** | Fax |
| **Email:** | Email | | | | |

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| **Construction Administrator Firm:** | | | Enter Text | | |
| **CA Representative:** | | Enter Text | | **Phone:** | Phone |
| **Title:** | Enter Text | | | **Fax:** | Fax |
| **Email:** | Email | | | | |
| **Address:** | Address | | | | |

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| **User Agency:** | | Enter Text | | | |
| **Agency Representative:** | | | Enter Text | **Phone:** | Phone |
| **Title:** | Enter Text | | | **Fax:** | Fax |
| **Email:** | Email | | | | |
| **Address:** | Address | | | | |

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| **Prime Consultant Firm:** | | | Enter Text | | | |
| **Architect of Record:** | | Enter Text | | | **Phone:** | Phone |
| **Title:** | Enter Text | | | | **Fax:** | Fax |
| **Email:** | Email | | | | | |
| **Address:** | Address | | | | | |
| **Structural Engineer of Record:** | | | | Enter Text | **Phone:** | Phone |
| **Title:** | Enter Text | | | | **Fax:** | Fax |
| **Email:** | Email | | | | | |
| **Address:** |  | | | | | |

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| **Geotechnical Engineering Firm:** | | | Enter Text | | |
| **Geotechnical Engineer:** | | Enter Text | | **Phone:** | Phone |
| **Title:** | Enter Text | | | **Fax:** | Fax |
| **Email:** | Email | | | | |
| **Address:** | Address | | | | |

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| **Special Inspections Firm:** | | | Enter Text | | |
| **Special Inspector:** | | Enter Text | | **Phone:** | Phone |
| **Title:** | Enter Text | | | **Fax:** | Fax |
| **Email:** | Email | | | | |
| **Address:** | Address | | | | |

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| **Testing Lab Firm Name:** | | | | Enter Text | | | |
| **Lab Representative:** | | | Enter Text | | **Phone:** | Phone | |
| **Title:** | | Enter Text | | | **Fax:** | Fax | |
| **Email:** | | Email | | | | | |
| **Address:** | | Address | | | | | |
|  | | | | | | | |
| **File:** | Project File: | | Enter Text | | | |  |
|  | Team: | | Enter Text | | | |  |