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|  | STATE OF COLORADO OFFICE OF THE STATE ARCHITECT  STATE BUILDINGS PROGRAM NOTICE TO PROCEED TO COMMENCE DESIGN PHASE(DESIGN/BUILD AGREEMENT) | | |
| Date of Notice: | |  | |
|  | | Date to be inserted by the Principal Representative | |
| Description of Work: | | |  |
| Design Phase(s): | | |  |
| Institution/Agency: | | |  |
| Project No./Name: | | |  |
|  | | | |

To:

This is to advise you that your Insurance Policy and Certificates of Insurance have been received. Our issuance of this Notice does not relieve you of responsibility to assure that the bond and insurance requirements of the Contract Documents are met for the duration of the Agreement.

You are hereby authorized and directed to proceed within ten (10) days from date of this Authorization as required in the Agreement. Any liquidated damages for failure to achieve Substantial Completion by the date agreed that may be applicable to this contract will be calculated using the date of this Notice for the date of the commencement of the Design Phase of Work.

**The completion date of the project is       (M/D/YYYY).**

By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Buildings Program Date Principal Representative Date

(or Authorized Delegate) (Institution or Agency)

When completely executed, this form is to be sent to the Contractor by the Principal Representative.