

# CHANGE ORDER

**DATE:** 10/27/2025 **CHANGE ORDER NO.** 01  
**CONTRACT DATE:** 4/21/2025  
**PROJECT:** Second Training Facility **FROM ARCHITECT:** Dammon Engineering, Inc.  
34780 S. Range Rd 554 Old Spanish Trail  
Slidell, LA 70460 Slidell, LA 70458  
**OWNER:** St. Tammany Fire **CONTRACTOR:** MNatal Contractor, Inc.  
Protection District No. 1 PO Box 518  
522 Robert Blvd Slidell, LA 70459  
Slidell, LA 70458

You are directed to make the following change(s) in this contract. Attach SUMMARY and/or PROPOSED CHANGE ORDER forms as required and give a brief description of the change(s) below.

*Install Sloan 3790100 Battery Powered Toilet Flush on both toilets.*

The Original Contract Sum	\$458,520.00
Total Changes by Previous Change Order(s)	\$0.00
Current Contract Sum	\$458,520.00
Contract Sum will be (increased) (decreased) (unchanged) by this Change Order	\$1,437.89
<b>New Contract Sum</b>	<b>\$459,957.89</b>

Date of Notice to Proceed	Date:	7/7/2025	
The Original Contract Completion Date and Contract Termination Date	Date:	N/A	180 DAYS
Total Time extended by Previous Change Order(s)			0 DAYS
Contract Time will be (increased) (decreased) (unchanged) by this Change Order			0 DAYS
<b>New Contract Completion Date &amp; Revised Contract Termination Date</b>	Date:	N/A	180 DAYS

**Building Area:** 1,950 (Sq. Ft.)

**NOTE:** No additional increase in time or money will be considered for a Change Order item after it has been executed.

RECOMMENDED	ACCEPTED	APPROVED
Designer's Name: Dammon Engineering, Inc.	Contractor's Name: MNatal Contractor, Inc.	Owner: St. Tammany Fire Protection District No. 1
Address: 554 Old Spanish Trail Slidell, LA 70458	Address: PO Box 518 Slidell, LA 70459	Address: 522 Robert Blvd Slidell, LA 70458
By (Printed Name): Chuck Dammon	By (Printed Name):	By (Printed Name):
Signature: 10-27-25	Signature:	Signature:
Date:	Date:	Date:

**COMMENTS:**

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# WORK CHANGE SUMMARY

REFERENCE # PCO #001-Revised

DATE: 10/20/2025

CONTRACTOR NAME: M Natal Contractor, Inc.  
 PROJECT NAME/NUMBER: STFD No.1 New Training Facility

Description of Work: Install Sloan 3790100 Battery powered Toilet Flush on both toilets as requested by Owner.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**General Contractor Direct Costs** \$           -  
 (See attached breakdown)  
**Total General Contractor Cost** 15 %    
 (General Contract Direct Cost plus OH&P)

**Subcontractor Cost Breakdowns**  
 (See attached.)

	A Total Direct Cost	B OH&P	C Total A+(A X B)
Lavigne Mechanical, LLC	\$ 1,059.64	15 %	\$ 1,218.58
	\$ -	%	\$ -
	\$ -	%	\$ -
	\$ -	%	\$ -
		%	
		%	
<b>Subcontractor Direct Costs Total</b> (Sum column A)	<b>\$ 1,059.64</b>		
<b>Subcontractor Direct Costs + Subcontractor OH&amp;P</b> (Sum column C)			<b>\$1,218.58</b>
<b>General Contractor OH&amp;P on Subcontractor Total Cost at</b> (Sum column C times General Contractor OH&P rate. )		5 %	<b>\$60.92</b>

**Total Subcontractor Costs** \$1,279.50  
 (Subcontractor Total Costs + OH&P + General Contractor OH&P)

**Change Order Subtotal** \$1,279.50  
 (Sum of Total General Contractor Costs and Total Subcontractor Costs)

**Insurance Premium** \$6.40  
 (Builder's Risk)

**Performance and Payment Bond** \$31.99

**Recordation Fees** \$120.00  
 (Cost to record Change Order)

**Amount will be**  **increased**  **decreased** \$1,437.89  
 (Sum of Change Order Subtotal, Recordation Fees and Performance and Payment Bond)

**Days will be**  **increased**  **decreased**  **unchanged**

# WORK CHANGE

## Subcontractor Direct Costs

REFERENCE # PCO #001  
DATE 10/20/2025

SUBCONTRACTOR NAME: Lavigne Mechanical, LLC  
PROJECT NAME/NUMBER: STFD No.1 New Training Facility

**Direct Cost of Work :**

A. Labor	Hourly Wage Rate	Hours	Total Cost
1 _____			\$ -
2 _____			\$ -
3 _____			\$ -
4 _____			\$ -
5 _____			\$ -
6 _____			\$ -
7 _____			\$ -
	Add Labor Burden @ _____ %		\$ -
	Add Fringe @ _____ %		\$ -
<b>LABOR TOTAL</b>			<b>\$ -</b>

B. Material	Unit Price	Unit	Units	Total Cost
1 Sloan 3080053 Manual Flush	\$ (120.18)	2.00	2	\$ (240.36)
2 Sloan 3250400 Battery Operated Flush	\$ 650.00	2.00	2	\$ 1,300.00
3 _____				\$ -
4 _____				\$ -
5 _____				\$ -
6 _____				\$ -
7 _____				\$ -
8 _____				\$ -
9 _____				\$ -
10 _____				\$ -
11 _____				\$ -
	Add Tax @ _____ %			\$ -
<b>MATERIAL TOTAL</b>				<b>\$ 1,059.64</b>

C. Equipment/Other	Unit Rate	Unit	Units	Total Cost
1 _____			1	\$ -
2 _____				\$ -
3 _____				\$ -
4 _____				\$ -
	Add Tax @ _____ %			\$ -
<b>EQUIPMENT TOTAL</b>				<b>\$ -</b>

**TOTAL DIRECT COST FOR THIS BREAKDOWN:** **\$ 1,059.64**  
(Sum A, B & C)