

Retaining Wall Design Modification Change Order

Project Name: _____

Project Number: _____

Date: _____

Change Order No.: _____

Description of Original Retaining Wall Design

Modification Details

Reason for Change

Impacted Drawings/Specifications

Reference No.	Description	Sheet/Detail

Cost & Schedule Impact

Item	Increase	Decrease	Remarks
Cost			
Schedule (Days)			

Approval & Authorization

Prepared by:

Name: _____

Title: _____

Date: _____

Approved by:

Name: _____

Title: _____

Date: _____

