

**SPECIAL PROVISIONS
FOR HIGHWAY CONSTRUCTION**

**OREGON DEPARTMENT OF TRANSPORTATION
SALEM, OREGON**

SCOPE OF WORK (match plan title sheet)

PROJECT NAME (match plan title sheet)

HIGHWAY (match plan title sheet)

COUNTY (match plan title sheet)

BID DATE (Month Day, Year)

**If a prebid meeting is required, place prebid information here.
Otherwise delete this field.**

(Use the following with the Special Provisions booklet. Fill in all appropriate blanks.)

DESCRIPTION OF WORK

(Fill in the blanks with the same information that is on the plan title sheet except do not include the date. Remove underline and parentheses.)

____ (Scope of Work) ____
____ (Project Name) ____
____ (Highway Name) ____
____ (County) ____

TIME AND PLACE OF RECEIVING BIDS

Bids for the work described above will be opened and read at the Oregon Department of Transportation, 455 Airport Road SE, Bldg. E, Salem, Oregon 97301-5348, at 9:00 a.m. on the ____ day of _____, 20__.

COMPLETION TIME LIMIT

(Use one of the following four completion time options, as appropriate. Fill in the blanks.)

[Option 1. Use the following when on-site work is to be controlled.]

Complete all Work to be done under the Contract before the elapse of ____ Calendar Days, or not later than _____, whichever occurs first.

Recording of the elapse of Calendar Days will begin on the day the Contractor begins On-Site Work as defined in 00110.20.

[Option 2. Use the following when seeding establishment or plant establishment is required. Delete what does not apply. Remove parentheses.]

Complete all Work to be done under the Contract, except for (seeding establishment) (and) plant establishment, not later than _____.

[Option 3. Use the following when there are two completion times. Delete what does not apply. Remove parentheses in the second paragraph as needed.]

There are two Contract Times on this Project as follows:

(1) Complete all Work to be done under the Contract, except for _____, not later than _____.

(2) Complete all Work to be done under the Contract (, except for (seeding establishment) (and) plant establishment,) not later than _____.

[Option 4. Use the following when none of the three options above apply.]

Complete all Work to be done under the Contract not later than _____.

CLASS OF PROJECT

(Delete words which do not apply. Remove parentheses.)

This is a (Federal-Aid) (State) (State - Buy America) Project.

CLASS OF WORK

(Use one of the following four paragraphs to list the class of work determined by using the blue "Class of Work" sheet. Delete the paragraphs that do not apply. Select the class(es) from the list below (cut and paste).)

The Class of Work for this Project is: _____.

The Class of Work for this Project is the combination of 1) _____ & 2) _____.

The Class of Work for this Project is either: A) _____, or B) _____.

The Class of Work for this Project is either: A) _____, or B) the combination of 1) _____ & 2) _____.

(Use this list to fill in the blanks above. Delete this list when finished.)

Earthwork and Drainage
Bridges and Structures
Painting
Rock Production
Aggregate Bases
Asphalt Concrete Paving and Oiling
Portland Cement Concrete Paving
Pavement Markings
Signing
Electrical
Landscaping
Miscellaneous Highway Appurtenances
Buildings

PROJECT INFORMATION

Information pertaining to this Project may be obtained from the following:

(Use the following two paragraphs for ODOT administered projects. Fill in the names, addresses, cities, zip codes, email, and phone-fax numbers. Obtain the information from the Project Leader.)

_____(Name)_____, Project Manager, _____(Address)_____, _____(City and Zip)_____;
Phone _____(phone number)_____, Email _____(Email)_____, or Fax _____(Fax Number)_____. All requests for information must be in writing with reference to the Project name.

_____(Name)_____, Area Manager, _____(Address)_____, _____(City and Zip)_____;
Phone _____(phone number)_____, Email _____(Email)_____, or Fax _____(Fax Number)_____. All requests for information must be in writing with reference to the Project name.

(Use the following two paragraphs for Consultant or Local Agency administered projects. Fill in the names, addresses, cities, zip codes, email, and phone-fax numbers. Obtain the ODOT information from the Project Leader.)

_____(Consultant or Local Agency Name)_____, Project Manager, _____(Consultant Company Name or Local Agency Name)_____, _____(Address)_____, _____(City and Zip)_____;
Phone _____(phone number)_____, FAX _____(FAX number)_____, Email _____(Email)_____, or Fax _____(Fax Number)_____. All requests for information must be in writing with reference to the Project name.

_____(ODOT Name)_____, ODOT Local Agency Program Liaison,
_____(Address)_____, _____(City and Zip)_____;
Phone _____(phone number)_____, Email _____(Email)_____, or Fax _____(Fax Number)_____. All requests for information must be in writing with reference to the Project name.

