



Staff Report

Date: 3/2/2026

Subject: Change Order #18 (Elevator Modifications)

Change order #18 in the amount of **\$84,297.24** stems from unforeseen field conditions. Framing and drywall were completed prior to final elevator rough-in coordination, which required re-routing conduit and adjusting hall fixtures to align elevator buttons and indicator lights correctly.

Additionally, shallower five-sided fire-rated boxes were required, and elevator cars must be operated within the shafts to allow fire caulking to be properly completed.

These adjustments are necessary to ensure proper installation, code compliance, and completion of fire-rated assemblies.

The information presented in this report has been gathered/produced by District staff, and reviewed by/with the following consultant(s):

- Legal Review
- Financial Review
- Other:



Change Order #18

Vertical Options

CONTRACTOR LICENSE: VERTIOL89003

Date: 2/ 26 /2026

CUSTOMER

JOB ADDRESS

<p>Tulare Local Health Care District 869 N Cherry St PO Box 1136 Tulare, CA 93275</p> <p>Attention: Dodd, Randy Phone: Fax: Email: rdodd@tulareregional.org</p>	<p>Tulare Local Health Care District 869 N Cherry St PO Box 1136 Tulare, CA 93275</p> <p>Elevator: E-22022 Contract #:</p>
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CHANGE ORDER DESCRIPTION:

Rewire and install hall fixtures for elevators and dumbwaiters to support framing work

WORK TO BE PERFORMED:

Description	Price each	Quantity	Total
Install hall fixtures for elevators and dumbwaiters post framing and drywall installation. Provide new hall boxes for dumbwaiters. Provide labor to run car for fire caulking inside of hoistways	\$84,297.24	1.00	\$84,297.24
Total amount			\$84,297.24

The Contract time will be increased by 12 days.

This quote excludes tax. This price is valid for 30 days. Total price listed is our "cash" price; payments made by non-cash methods (such as credit or debit cards) will have a 3.5% credit card convenience fee added to the total amount due. Cash payment methods include paper checks, bank checks or electronic fund transfer payments.

Thank you for choosing Vertical Options

<p>Submitted for Vertical Options</p> <p>Friesen, Wade Phone: 509-951-6416 Email: wade@voelevator.com</p>	<p>Accepted by (Company): _____</p> <p>Printed Name: _____ Title: _____</p>
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