



For office use only:	Permit # _____
	Fee pd. _____
	Rec. # _____
Department Approval: _____ Date: _____ Due Date: _____	

**Application for Approval of Alternate Materials, Designs and Methods of Construction**

Date: \_\_\_\_\_ Permit Type:  Building  Plumbing  Mechanical  Electrical  Demolition

<b>Contact Information</b>			
Applicant (contact): _____ / _____ / _____			
Name	Phone	Email	
Applicant Role: <input type="checkbox"/> Owner <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor <input type="checkbox"/> Other(Describe): _____			
Mailing address: _____ / _____ / _____ / _____			
Address	City	State	Zip
Owner: _____ / _____ / _____			
Name	Phone	Email	

<b>Project Information</b>			
Project Name: _____		Plan Check/Permit No.: _____	
Project Location: _____		APN(s) : _____	
Project Type: <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Multi-family Dwelling <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use			
Type of Construction: _____		Occupancy Group(s): _____	No. of Stories: _____
Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No Floor Area: _____			

**Code Requirement for Which Alternate is Proposed (Cite section number)**  
Provide specific code and code section(s) the applicant is seeking an alternative to.

**Description of Proposed Alternative**  
Describe the specific alternative requested and attach any additional supporting documents.

**Reason for Request**  
Describe the reason the alternate is being proposed in lieu of stated code requirements

**Comparison of alternative with code requirements**

Describe how the proposed alternative is equal or superior to the code requirements in terms of suitability, effectiveness, quality, durability, fire resistance, safety, structural strength, and any other impacts affecting the building or its occupants.

*This application must be accompanied by two sets of plans, specifications, cut sheets, and listing information that clearly support the the proposed alternate as applicable. The building official may require that a consultant be retained by the applicant to perform tests, research and analysis, and submit a full evaluation report to assist in determining equivalency.*

**DISCLAIMER: Approval of this request is based on the factual documentation provided in support of the alternative at the time of approval. If at any point during the plan review and inspection process the building official finds deviations from the approved alternative as outlined in this document, the approval becomes invalid and any changes to the approved alternative shall require a new submittal by the applicant and approval by the building official.**

**UPON APPROVAL, ALL FEATURES OF THE APPROVED ALTERNATIVE MATERIALS, DESIGN, AND METHODS OF CONSTRUCTION, INCLUDING THIS APPLICATION FORM, SHALL BE INCORPORATED INTO AND REPRODUCED ON THE RECORD DRAWINGS.**

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Owner Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date



**Design Professionals shall seal and sign this document here.**

**For Office Use Only**

***Disposition of Request for Alternate Materials, Designs, and Methods of Construction***

The proposed alternate is  Approved  Denied  Conditionally Approved

Conditions/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Building Official

\_\_\_\_\_  
Date

Staff Review Fees Due: _____ Hours x \$100.00 =	<b>Fees Due</b>	Reviewer: _____
Consultant Services Fees Due:	_____	Consultant: _____
Total Fees Due:	_____	