



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

Contact Information			
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	

Project Information			
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.

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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 =	Fees Due	Reviewer: _____
Consultant Services Fees Due:	_____	Consultant: _____
Total Fees Due:	_____	