



APPLICATION FOR USE OF ALTERNATE MATERIALS & METHODS

INSTRUCTIONS	<p>1. The City Adopted Building Code Section 104.11 gives the Building Official the authority to approve the use of any alternate material, design, or construction method if the Building Official determines the following: (a) that the proposed alternate material, design, or construction method would comply with the Building, Electrical, Plumbing, or Mechanical Regulations; (b) That the proposed alternate material, design or construction method is at least equivalent to the standards prescribed in the applicable regulation in terms of suitability, quality, strength, effectiveness, fire resistance, durability, safety, and sanitation; and (c) That sufficient evidence has been submitted to substantiate any claims that may be mad regarding the use of any proposed alternated material, design, or construction method.</p> <p>2. Address all communications to: City Building Official. THIS FORM MUST BE SIGNED BY THE BUILDING OWNER OR REPRESENTATIVE.</p> <p>3. Requests to use alternate materials, design, or construction methods that are denied by the Building Official may be appealed to the Appeals Board; see section 112 of the IBC.</p>			
INFORMATION	Project Name		Address	
	Owner's Name		Owner's Mailing Address	Zip Code Telephone No.
	Designer's Name		Designer's Mailing Address	Zip Code Telephone No.
	Contact Name	Contact Email Address	Contact Telephone No.	Contact Fax No.
REQUEST	Clearly define all alternates offered in lieu of the prescribed code requirements & identify relevant code section(s). Submit additional information if necessary.			Plans submitted with request. <input type="radio"/> Yes <input type="radio"/> No
JUSTIFICATIONS	State how the alternate(s) proposed are at least as equivalent to the prescribed requirements(s). Attach supporting documentation drawings, reports as necessary to substantiate claims of equivalency. <u>THE JUSTIFICATION MUST BE PREPARED BY A LICENSED ARCHITECT OR ENGINEER.</u>			
Signature of BUILDING OWNER or REPRESENTATIVE:		Please PRINT NAME:		
_____ Date _____		_____		

IF ADDITIONAL SPACE IS REQUIRED, ATTACH SEPARATE SHEET.

NUMBER OF PLAN REVIEW HOURS:	TOTAL FEES:
APPROVAL:	DISAPPROVAL:
DATE:	DATE: