



# Application for Alternate Materials, Design and Methods of Construction and Equipment

Project Address: \_\_\_\_\_ Permit #: \_\_\_\_\_

As set forth in **CBC Sections 104.10/104.11**, and **CFC Sections 104.8/104.9**, the undersigned hereby requests the following:

Use of Alternate Material  
Modification of Code

Alternate Method of Design and/or Construction  
Alternate Equipment

Code Edition: \_\_\_\_\_ Codes affected: Building Electrical Plumbing Mechanical

Specific sections involved: \_\_\_\_\_

Brief description of request: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

In order to grant the request, the Building Official must find that the proposed design is satisfactory and complies with the intent of the provisions of the code, and that the material, method or work offered is, for the purpose intended, not less than the equivalent of that prescribed in the above technical codes in quality, strength, effectiveness, fire resistance, durability, and safety. [CBC 104.11]

Please supply information to support your request. Use the reverse side, and if necessary, add pages and supporting documents as required.

1. Quality; justification: \_\_\_\_\_

\_\_\_\_\_

2. Strength; justification: \_\_\_\_\_

\_\_\_\_\_

3. Effectiveness; justification: \_\_\_\_\_

\_\_\_\_\_

4. Fire Resistance; justification: \_\_\_\_\_

\_\_\_\_\_

5. Durability; justification: \_\_\_\_\_

\_\_\_\_\_

6. Safety; justification: \_\_\_\_\_

\_\_\_\_\_

Additional evidence or proof in support of the request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (please print): \_\_\_\_\_ Signature/Seal: \_\_\_\_\_

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Please supply information to support your request.

- 1. Quality; justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. Strength; justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. Effectiveness; justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4. Fire Resistance; justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. Durability; justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6. Safety; justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional evidence or proof in support of the request (add pages and supporting documents as required):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name (please print):** \_\_\_\_\_ **Signature/Seal:** \_\_\_\_\_

(STAFF USE ONLY)		
Staff Findings:		
Supervisor: _____	Approval Recommended	Not Recommended
Building Official _____	Approved	Denied
Fire Marshal: _____	Approved	Denied