



Building and Safety Division

Application for Alternate Materials & Methods of Design and Construction

PROJECT ADDRESS:		PLAN CHECK NUMBER:	
PETITIONER (Print Name): Relation to the project (check one): <input type="checkbox"/> Architect of Record <input type="checkbox"/> Engineer of Record <input type="checkbox"/> Designer of Record <input type="checkbox"/> Owner <input type="checkbox"/> Contractor Street Address: Daytime Phone: () -	STRUCTURE INFORMATION Use: Occupancy Class: Construction Type: No. of Stories: Fire Sprinklered?	Architect/Engineer seal & signature (when required) 	
Email (Please print):		Alternate Contact Name & Phone Number:	
REQUEST: Provide a brief description of the alternate material or method being proposed. (You may attach additional documentation if necessary, but this section must be completed)			
Code Section(s):	Issue(s):		
JUSTIFICATION: Explain how the alternate meets the intent of the applicable code sections while maintaining equivalent protection in suitability, strength, effectiveness, fire resistance, durability, safety and sanitation (as applicable). Include any relevant practical difficulties for strict compliance. (You may attach additional documentation if necessary, but this section must be completed)			
Petitioner's Signature:	Title:	Date: / /	

