Subject: Alternate Materials or Methods of Construction Requests
(International Building Code 104.11)
(International Residential Code 104.11)
(Uniform Plumbing Code 301.2)

Fully complete and submit two (2) copies of all documents, including plans, if applicable, showing the proposed alternate method and/or material.

Alternate Materials or Methods of Construction Request

Under the authority of the 2012 IRC & 2012 IBC Chapter 1, Section 104.11 or UPC Chapter 3, Section 301.2. The undersigned requests approval of alternate materials and/or methods of construction:

<table>
<thead>
<tr>
<th>Project Name and Address</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Permit Number</td>
<td></td>
</tr>
<tr>
<td>Occupancy Group</td>
<td></td>
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<tr>
<td>Type of Construction</td>
<td></td>
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<tr>
<td>Sprinklers Y/N</td>
<td></td>
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<tr>
<td>Number of Stories</td>
<td></td>
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<tr>
<td>Total Floor Area</td>
<td></td>
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<tr>
<td>Floor Area Per Floor</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; 2&lt;sup&gt;nd&lt;/sup&gt; 3&lt;sup&gt;rd&lt;/sup&gt; 4&lt;sup&gt;th&lt;/sup&gt;</td>
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<tr>
<td>Describe the Use</td>
<td></td>
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</tbody>
</table>
Subject of Alternative:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Code Requirement *(specify code edition and section)*:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Alternate Material or Method Proposed:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Justification *(attach copies of supporting evidence, any reference/s, test reports, expert opinions, etc. The Building Official may require that a consultant be hired by the applicant to perform tests, research and analysis and submit a full report of evaluation to the Building Safety & Inspection for consideration and approval)*:

_________________________________________________________________________________________
_________________________________________________________________________________________

Property Owner:

Owner: *(Print Name)* _________________________ *(Signature)* _____________________________________
Architect and/or Engineer must wet-stamp and sign below:

Architect: _________________________________ (Signature) _____________________________________

Engineer: _________________________________ (Signature) _____________________________________

Developer or Contractor: _____________________ (Signature) _____________________________________

Contact Person’s Name: _________________________________
Phone No.: ________________________________
Date Requested: ____________________________

STAFF USE ONLY

Staff Findings:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Staff Person/Title: ________________________, __________________________________________
Approval Recommended (Y/N): ________________

Building Official (Sign & Date): ______________________________________________________________

Approved/Denied: ______________________________