Application for Approval of an Alternative Solution Pursuant to the Building Code Act, Section 9 and the Ontario Building Code Div A – 1.2.1.1

For use by Principal Authority					
Application number:		Building	Permit number:		
Date received:					
Application submitted to:(Name of municipality	ty, upper-tier muni	cipality, bo	pard of health or conservati	on authority)	
A. Project information					
Building number, street name				Unit number	Lot/con.
Municipality	Postal code Building Type		Building Type		
B. Designer Information			Authorized agent of	of owner	
Last name	First name				
Street address				Unit number	Lot/con.
Municipality	Postal code Province		Province	E-mail	
Telephone number	Fax			Cell number	
BCIN#	Qualifications				
C. Owner Information					
Last name	First name		Corporation or partner	ship	
Street address				Unit number	Lot/con.
Municipality	Postal code		Province	E-mail	
Telephone number	Fax		Cell number		
D. Description of Proposed Alternative Solution					

E.	E. Supporting Documentation					
		Past Performance				
	<u> </u>	Tests				
		Other Evaluations				
F.	App	licable Division B P	rovisions			
Nur	neric I	Reference		Summary of Provision		
G.	Iden	tification of Function	onal Stater	ments/ Objectives/"	Areas of Performance"	
	Sente	ence	F.S.	Objective	Summary of "Areas of Performance"	
				,		
Н.	Eval	luation of Level of F	Performan	ce		
	Divis	ion B Provisions			Proposed Alternative Solution	

I. Assu	Imptions, Limiting or Restricting Factors	
J. Reas	son for Proposed Alternative Solution	
K De	claration of applicant	
IX. DC		
l		_declare that:
	(print name)	
1.	The information contained in this application, attached schedules, attached plans and specifications, and documentation is true to the best of my knowledge.	other attached
	Date Signature of applicant	

Checklist for Application for Evaluation of Alternative Solution:

- 1. Completed Section A, B and C of this form
- 2. Completed Section D- Description of Proposed Alternative Solution
- 3. Completed Section E- Identification of and submission of testing and background information
- 4. Completed Section F- Code Analysis and Identification of applicable Division B (Acceptable Solution) provisions
- 5. Completed Section G- Identification of applicable linked pairs of objectives and functional statements
- 6. Completed Section H- Evaluation of level of Performance of applicable Division B provisions and Evaluation of level of Performance of proposed alternative solution
- 7. Completed Section I- Identification of assumptions, limiting or restricting factors including any information concerning any special maintenance or operation requirements
- 8. Payment of applicable fees

Office Use Only

Reviewed By:	BCIN:	Date:
Summary of Proposal		
·		
Additional Applicable Division B Pro Numeric Reference	Summary of Provision	
Evaluation		
Evaluation		

Conditi	ons of Approval			
Your Ap	plication and supporting documentation in support of this application	n for approval of an Alternative Solution has been		
reviewe	d and the application is hereby:			
	Approved			
	Approved subject to Attached Conditions of Approval			
	Refused for the following reasons:			
	a)			
	b)			
Chief Bu	uilding Official Name:	BCIN:		
Signatu		_		
Data				
Date:		<u> </u>		
Where a	an application for the Use of an Alternative Solution has been denied	by the Chief Building Official the Applicant may:		
a) Appeal the decision to the Building Code Commission under Section 24 of the Building Code Act				
b) Appeal the decision to the Superior Court of Justice under Section 25 of the Building Code Act				
c)	, , , , , , , , , , , , , , , , , , , ,			
d)	Comply with the Acceptable Solution as outlined in Division B of the	e Ontario Building Code		