



REQUEST FOR ALTERNATE METHODS

There is a fee required to review and process Alternate Materials or Methods of Construction and/or Design requests. The fee is charged at an hourly rate with a 1 hour Minimum.

To the applicant:

This is a request for an approval to use alternate material(s) and/or method(s) from that required by the State of Oregon construction specialty codes. This form is not a request form for appealing an enforcement officer's interpretation, nor is it a request for relief or variance from construction code requirements (i.e. variances not allowed).

This request must show the proposed alternate is equivalent to and meets the intent of the codes, as to strength, effectiveness, fire resistance, durability, health, and safety as required by code, and must be supported by satisfactory evidence.

Date: _____

Project Name: _____

Project Address: _____

Owners Name: _____

Owners Address: _____

INTRODUCTION:

Type of Construction: _____ Occupation Classification: _____

Number of Stories: _____ Size of Building: _____ square feet

Sprinkler: _____ Hazard Classification: _____

Permit Number(s) to be referenced: _____

REQUEST | CODE AND CODE SECTION AFFECTED

Code Edition: _____ Code Title: _____

Section Number: _____ Section Title: _____

Code Requirement:

ALTERNATE BEING REQUESTED:

JUSTIFICATION: (Provide supporting data, technical reports, data sheets, modeling, calculations, sketches, drawings, etc. The Building Official may require that a consultant be hired by the applicant to perform the research and analysis. Attach as separate sheets as necessary)

SUBMITTED BY: (If prepared by a registered professional provide a "wet seal")

Signature: _____ Date: _____

Name: _____ Title: _____

Company Name: _____

Company Address: _____

Company Telephone: _____ Email: _____

OWNER'S (Authorized Representative) acknowledgement of this request:

Signature: _____ Date: _____

Name: _____ Title: _____

Company Name: _____

Company Address: _____

Company Telephone: _____ Email: _____

DETERMINATION: APPROVED DENIED

Building Official Signature: _____ Date: _____

Plan Reviewer Signature: _____ Date: _____

Conditions of approval/ Reasons for Denial