



CITY OF AUBURN | BUILDING DEPARTMENT

1225 Lincoln Way | Auburn, Ca 95603

530-823-4211 | Fax: 530-885-5508

ALTERNATE MATERIALS OR METHODS OF CONSTRUCTION AND/OR DESIGN REQUEST

(Submit two copies of all documents, including plans showing the proposed alternate to the appropriate jurisdiction)

Alternate Material/Method No. _____ Date Requested: _____

Under the authority of CBC and CRC Sections 104.11 & R104.11 the undersigned request approval of alternate materials and methods of construction is for:

Project Name:		Permit #:	
Project Address:		Assessor's Parcel Number (APN): - -	
Occupancy Group:	Type of Construction:	Sprinklered (Y/N):	No. of Stories:
Total Floor Area:	Total Square Feet:	Tenant Floor Area (if applicable):	

SUBJECT OF ALTERNATIVE: *(separate forms should be filled out for each different item):* _____

CODE REQUIREMENT: *(specify code edition and section):* _____

ALTERNATE PROPOSED: _____

JUSTIFICATION: *(Attach copies of any reference, test reports, expert opinions, etc.):* _____

REQUESTED BY <i>(check at least one):</i> Owner <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____			
Print:		Signature:	
Address:		City:	Zip:
Phone #:		Email:	

Upon Submittal of this request, a minimum plan check fee equal to the current hourly rate will be due. If the alternate method/material is approved, documents shall remain on the job site along with approved sets of building plans.

STAFF USE ONLY

Staff Findings: *(attach additional sheets as needed)* _____

Staff Person: _____ Date: _____ Approval Recommended (Y/N): _____

Fee Amount: \$ _____ Date Paid: _____

Building Official:

Signature: _____ Date: _____

Approved ☐ Approved with Conditions ☐ Denied ☐

Fire Official (if applicable):

Signature: _____ Date: _____

Approved ☐ Approved with Conditions ☐ Denied ☐