



# 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** (check at least one): Owner  Architect/Engineer  Contractor  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