



Community Development Department  
Building & Safety Division

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## Alternate Materials and Methods of Construction and/or Design

Alternate Submittal For: \_\_\_\_\_

Project: \_\_\_\_\_

AMMA No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Chief Building Official,

This is to acknowledge our understanding that the alternate submittal(s) of plans for the above project will be charged the current hourly plan check rate with a minimum deposit of an estimated time spent on said review. The alternate submittal items shall not be installed until the Chief Building Official has approved their design and submittal documents.

**Requested by** (*print and sign*):

\_\_\_\_\_  
Contractor/Professional Designer/Property Owner Date

\_\_\_\_\_  
Contact's Name Date



# Alternate Materials and Methods of Construction and/or Design Request

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

**Staff: Alternate Material #** \_\_\_\_\_ **Date Requested** \_\_\_\_\_

Under the authority of DMC 7.28.130, the undersigned request approval of alternate materials and methods of construction is for:

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Occupancy Group: \_\_\_\_\_ Type of Construction: \_\_\_\_\_ Sprinklered (Y/N): \_\_\_\_\_ No. of Stories: \_\_\_\_\_

Total Floor Area: \_\_\_\_\_ Floor Area Per Floor: \_\_\_\_\_ Tenant Floor Area: \_\_\_\_\_

Describe Use: \_\_\_\_\_

**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. The Building Official may require that a consultant be hired by the applicant to perform test, research and analysis and submit a full report of evaluation to the Building Division for consideration and approval): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**REQUESTED BY** (print and sign):

\_\_\_\_\_  
Architect or Engineer (Designer of Record) Date Contractor Date

\_\_\_\_\_  
Building Owner (Applicant) Date Contact Phone No.

*(Architect or Engineer must wet stamp and sign)*

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**STAFF USE ONLY**

Staff findings: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Approval Recommended  Not Recommended

\_\_\_\_\_  
Staff (print and sign) Date

Approved  Denied

\_\_\_\_\_  
Chief Building Official Date