

Application for Approval of an Alternative Solution Pursuant to Ontario Building Code, Division A, 1.2.1.1.

A. Project Information

Building number, Street name

Unit number

Lot or Concession Number

Municipality

Postal Code

M-Plan / R-Plan Number

Building Permit Reference Number

B. Proponent Information

The proponent shall have the same qualifications as the Designers under Division C, Section 3.2 and Section 1.2 for those buildings that require Design and General Review by an Architect, Professional Engineer or both; of which are the minimum required for the submission of an Alternative Solution.:

Proponent is Professional Engineer

Architect

Designer – The Schedule 1: Designer Information form is to be enclosed if it is different to the one submitted with the permit

application.

Last Name First Name

Corporation or Partnership

Street Address

Municipality Postal Code Province

Email

Telephone Number Cell Number

Fax Number

C. Applicant Information (if different from Proponent)

Applicant is Owner Authorized agent of owner

Last Name First Name

Corporation or Partnership

Street Address Unit Number

Municipality Postal Code Province

Email

Telephone Number Cell Number

Fax Number

D. Owner Information (if different from the Applicant)

Last Name First Name

Corporation or partnership

Street Address Unit Number

Municipality Postal Code Province

Email

Telephone Number Cell Number

Fax Number

E. Description of Proposed Alternative Solution

F. Supporting Documentation

Please provide a brief description of attached documentation.
Past Performance

Other Evaluations

Tests

G. Applicable Division B Provisions

Ontario Building Code Numeric Reference	Summary of Provision

H. Identification of Functional Statements or Objective Statements

Sentence (OBC Numeric Reference)	Functional Statements (OBC Numeric Reference)	Objectives Statements (OBC Numeric Reference)	Summary of "Areas of Performance"

I. Evaluation of Level of Performance

Division B Provision

Proposed Alternative Solution

J. Assur	nptions, Limiting or Restricting Factors
K. Reas	on for Proposed Alternative Solution
Please pro	orting Documents Submitted ovide a brief description of attached documentation
M. Decla	aration of Proponent
I	, declare that (Name of Proponent)
1.	The information contained in this Alternative Solution application, attached schedules, attached plans and specifications and other attached documentation is true to the best of my knowledge,
2.	The proposed Alternative Solution will achieve the same level of performance required by the applicable acceptable solution in Division B of the Building Code, and
3.	I understand that this application is subject to the review and approval by the Chief Building Official and that the fees for Alternative Solution proposals are nonrefundable.

Date

Signature of Proponent