## Application for Approval of an Alternative Solution Pursuant to the Building Code Act, Section 9 and the Ontario Building Code Div A – 1.2.1.1

For use by Principal Authority					
Application number:		Building	Permit number:		
Date received:					
Application submitted to: (Name of municipality, upper-tier municipality, board of health or conservation authority)					
A. Project information					
Building number, street name				Unit number	Lot/con.
Municipality	Postal code		Building Type		
B. Designer Information			Authorized agent of	of owner	
Last name	First name				
Street address				Unit number	Lot/con.
Municipality	Postal code Province		Province	E-mail	
Telephone number	Fax		Cell number		
BCIN#	Qualifications				
C. Owner Information					
Last name	First name		Corporation or partner	ship	
Street address				Unit number	Lot/con.
Municipality	Postal code		Province	E-mail	
Telephone number	Fax		Cell number		
D. Description of Proposed Alternative	Solution				

E.	Sup	porting Documenta	tion			
		Past Performance				
	<u> </u>	Tests				
		Other Evaluations				
F.	App	licable Division B P	rovisions			
Nur	neric I	Reference		Summary of Provision		
G.	Iden	tification of Function	onal Stater	ments/ Objectives/"	Areas of Performance"	
	Sente	ence	F.S.	Objective	Summary of "Areas of Performance"	
				,		
Н.	Eval	luation of Level of F	Performan	ce		
	Divis	ion B Provisions			Proposed Alternative Solution	

I. Assu	Imptions, Limiting or Restricting Factors	
J. Reas	son for Proposed Alternative Solution	
K De	claration of applicant	
IX. DC		
l		_declare that:
	(print name)	
1.	The information contained in this application, attached schedules, attached plans and specifications, and documentation is true to the best of my knowledge.	other attached
	Date Signature of applicant	

Checklist for Application for Evaluation of Alternative Solution:

- 1. Completed Section A, B and C of this form
- 2. Completed Section D- Description of Proposed Alternative Solution
- 3. Completed Section E- Identification of and submission of testing and background information
- 4. Completed Section F- Code Analysis and Identification of applicable Division B (Acceptable Solution) provisions
- 5. Completed Section G- Identification of applicable linked pairs of objectives and functional statements
- 6. Completed Section H- Evaluation of level of Performance of applicable Division B provisions and Evaluation of level of Performance of proposed alternative solution
- 7. Completed Section I- Identification of assumptions, limiting or restricting factors including any information concerning any special maintenance or operation requirements
- 8. Payment of applicable fees

## Office Use Only

Reviewed By:	BCIN:	Date:
Summary of Proposal		
·		
Additional Applicable Division B Pro Numeric Reference	Summary of Provision	
Evaluation		
Evaluation		

Conditions of Approval				
Your Ap	plication and supporting documentation in support of this applic d and the application is hereby:	cation for approval of an Alternative Solution has been		
	Approved			
	Approved subject to Attached Conditions of Approval			
	Refused for the following reasons:			
	a)			
	b)			
01: 45	" O" : 1 N	BOW		
Chief Bi	uilding Official Name:	BCIN:		
Signatu	re:			
<b>.</b> .				
Date:				
10/1				
1	a) Appeal the decision to the Building Code Commission under Section 24 of the Building Code Act			
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1	• • •			
( d)	Comply with the Acceptable Solution as outlined in Division B	of the Untario Building Code		
Where an application for the Use of an Alternative Solution has been denied by the Chief Building Official the Applicant may:				

The personal information on this form is collected under the authority of the Building Code Act. The information is used to process your Building Permit Application. Questions about this collection can be directed to Director of Building Services, Town of Oakville, 1225 Trafalgar Road, Oakville, Ontario L6H 0H3, Phone: 905-845-6601.