



# Alternate Method or Material Bulletin # 28

Department of Planning and Land Services, June 2007  
Division of Building Safety and Inspection for 2006 I Codes

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Building Permit No. \_\_\_\_\_

**Applicant:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_

Name of Plans Examiner or Inspector who identified the requirement you are requesting  
an alternate for: \_\_\_\_\_

(Note: The information above must be filled out by the applicant before this form can be accepted)

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In accordance with Sections 104.10 & 104.11 of the International Building Code;  
Sections 104.10 & 104.11 of the International Residential ; Code Sections 105.1 &  
105.2 of the International Mechanical Code; Section 301.2 of the Uniform Plumbing  
Code,

I am requesting review of an alternate or modification to the provisions of Section  
\_\_\_\_\_ of the \_\_\_\_\_ **CODE:**

**This code section requires:** \_\_\_\_\_

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

**Proposed Alternate:** (Include drawings to clearly illustrate request, before and after if  
appropriate) \_\_\_\_\_

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

**Reason for Request:** \_\_\_\_\_

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

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**EVERY EFFORT WILL BE MADE TO PROVIDE A VERBAL INTERPRETATION WITHIN ONE (1) WORKING DAY  
UPON RECEIPT OF THIS REQUEST. APPEALS FROM ACCESSIBILITY REQUIREMENTS OF IBC CHAPTER  
11 DO NOT RELIEVE APPLICANT FROM THE OBLIGATIONS TO PROVIDE ACCESS UNDER THE FEDERAL  
ADA LAWS.**



# Division of Building Safety and Inspection

## Request For Alternate Method Or Material

### **Staff Use Only**

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Date Received: \_\_\_\_\_

Evaluation of Proposal by Plans Examiner and/or Building Inspector:

Suitability: \_\_\_\_\_

Strength: \_\_\_\_\_

Effectiveness: \_\_\_\_\_

Fire Resistance: \_\_\_\_\_

Durability: \_\_\_\_\_

Safety: \_\_\_\_\_

Sanitation: \_\_\_\_\_

Recommended Action:    APPROVE \_\_\_\_\_    DENY \_\_\_\_\_    By: \_\_\_\_\_

Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Additional Information on Proposed Alternate:

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

Supervisor Concurrence: \_\_\_\_\_ Date: \_\_\_\_\_