



Application for Approval of an Alternative Solution

Pursuant to the Ontario Building Code Div A – 1.2.1.1

Section A – Designer Information

Last name		First name		BCIN#
Qualifications				
Company				
Address			Municipality	
Province	Country	Postal code	E-mail	
Telephone number ()		Fax ()		Cell number ()

Section B- Owner Information

Name		Company
Property/Permit Information		
Address		Building Permit #
Municipality	Building Type	

Section C - Description of Proposed Alternative Solution

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Section D - Supporting Documentation

<input type="checkbox"/> Past Performance	
<input type="checkbox"/> Tests	
<input type="checkbox"/> Other Evaluations	

Section H - Assumptions, Limiting or Restricting Factors

Reason for Proposed Alternative Solution (Optional)

Designer (Print): _____

Signature: _____

Date: _____

SEAL