



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

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|--|--|
| <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