CITY OF MOUNTAIN VIEW

COMMUNITY DEVELOPMENT DEPARTMENT • BUILDING INSPECTION DIVISION
500 Castro Street • Post Office Box 7540 • Mountain View, California 94039-7540
PHONE 650-903-6313 • FAX 650-962-8501

APPLICATION FOR ALTERNATE MATERIALS & METHODS OF DESIGN AND CONSTRUCTION

PETITIONER:	**STRUCTURE INFORMATION:**	**ARCHITECT/ENGINEER SEAL & SIGNATURE**
(Print Name): _____ **Relation to the project** *(check one)*: ☐ Architect of Record ☐ Engineer of Record ☐ Designer of Record ☐ Owner ☐ Contractor Street Address: _____ _____ Daytime Phone: ( ) - Email:	Project Address: _____ Permit # _____ Use: _____ Occupancy Class: _____ Construction Type: _____ No. of Stories: _____ Fire Sprinklered? _____	

REQUEST: Provide a brief description of the proposed modification or the alternate material or method being proposed. *(You may attach additional documentation if necessary but this section must be completed)*

Code Section(s):	**Issue(s):**

JUSTIFICATION: Explain how the proposed modification or alternate meets the intent of the applicable code sections while maintaining equivalent protection in suitability, quality, strength, effectiveness, fire resistance, durability, safety and sanitation (as applicable). Include any relevant practical difficulties for strict compliance. *(You may attach additional documentation if necessary but this section must be completed)*

Petitioner's Signature:	**Date:** / /

FOR STAFF USE ONLY		
Assigned to: _____ **Date:** _____	**Project Status:** ☐ Preliminary Design ☐ Plan Review ☐ Under Construction ☐ Construction Complete	**Staff Recommendation:** ☐ Approve Request as Stated ☐ Approve Request with Conditions ☐ Deny Request as Stated

Building Division Staff Comments:

Building Division Conditions of Approval/Reasons for Denial:

Determination of Building Official : _____ **Authorized Signature** **Date:** / /	☐ Approve Request as Stated ☐ Approve Request with Conditions ☐ Deny Request as Stated

Fire Protection Conditions of Approval / Reasons for Denial: