

Application for an Alternative Solution



For use by Principal Authority

Application number: _____

Date received: _____

Project Address

Project address; including unit number: _____

Plan number/lot/other description: _____

A. Applicant Information

Last name: _____ First name: _____

Corporation or partnership (if applicable): _____

Mailing address: _____

Unit number: _____ Municipality: _____

Postal code: _____ Province: _____

Telephone number: _____ E-mail: _____

Cell number: _____

Qualifications: _____ BCIN # if applicable: _____

B. Owner Information (if different from applicant)

Last name: _____ First name: _____

Corporation or partnership (if applicable): _____

Mailing address: _____

Unit number: _____ Municipality: _____

Postal code: _____ Province: _____

Telephone number: _____ E-mail: _____

Cell number: _____

C. Summary of Proposed Alternative solution

- New construction
- Addition to an existing building
- Alteration/repair
- Conditional permit
- Demolition

Proposed use of building: _____

Current use of building: _____

Description of alternative solution: _____

D. Applicable Division B Provisions

| Sentence | Summary of provision |
|----------|----------------------|
|----------|----------------------|

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

E. Applicable Objectives and Functional Statements

| Sentence | Functional statement | Objective | Summary of area of performance |
|----------|----------------------|-----------|--------------------------------|
|----------|----------------------|-----------|--------------------------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

F. Confirmation of Level of Performance

Division B requirementⁱ

Alternative solutionⁱⁱ

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

G. Supporting Documentation/Attachments

Please list the author and the title of the document(s) here:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

H. Reason for Proposed Alternative Solution

I. Declaration of Applicant

I (print name) _____ certify that:

1. As per the requirements of Division A, Article 1.2.1.1., by using the Alternative Solution proposed, the Level of Performance required by the applicable Acceptable Solutions in respect of the Objectives and Functional

Statements attributed to the Acceptable Solutions in Supplementary Standard SA-1 will be achieved.

2. The information contained in this application, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
3. I have authority to bind the corporation or partnership (if applicable).

Date: _____

Signature of applicant: _____

For use by Principal Authority

Fee total: _____

Fee collected by: _____

Collection of Personal Information

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.

Alternate formats of this document are available as per the Accessibility for Ontarians with Disabilities Act by contacting Building Services at 519-837-5615 or email building@guelph.ca.

ⁱ Description of level of performance Div. B Achieved

ⁱⁱ Description of alternative solution level of performance achieved