

For use by Principal Authority							
Application Number:			Permit Number:				
Date Received:			Roll Number:				
Application Submitted to:  (Name of municipality, upper-tier municipality, board of health or conservation authority)							
A Drainet Information			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>				
A. Project Information  Municipal Address:						Unit #:	Lot/con.
Municipality		Post	ostal Code		Building Type		
B. Designer Information							
	Owner		or Authorized Agent	of	Owner		
Last Name			First Name			Corporation or partnership	
Street Address			City/Town			Province	
Postal Code Phone Num		ber	Email		Email		
BCIN#	Qualification	าร					
C. Owner Information (if differ	rent from abo	ove)					
Last Name			First Name		Corporation or partnership		
Street Address			City/Town		Province		
Postal Code Phone Number		ber	Email		<u> </u>		
D. Description of Proposed A	Lactive So	lutior	1				



E.	<b>Supporting Documentation</b>			
	Past Performance			
	Tests			
	Other Evaluations			
F.	Applicable Division B Provision	าร		
	Numeric Referenc		S	ummary of Provision
				·
G.	Identification of Functional Sta	tements/ Objective	s/ "Areas of Perform	ance"
	Sentence	F.S.	Objective	Summary of "Areas of Performance"
				-
Н.	Evaluation of Level of Performa	ance		
	Division B Provisio	ns	Propo	osed Alternative Solution



### Application for Approval of an Alternative Solution

Pursuant to the Building Code Act, Section 9 and the Ontario Building Code Div A – 1.2.1.1

I.	Ass	umptions, Limiting or Restricting Factors
J.	Rea	ason for Proposed Alternative Solution
K.	De	claration of Applicant
I		declare that:
		declare that: (Print Name)
	1.	The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
		Signature of Applicant: Date:

Checklist for Application for Evaluation of Alternative Solution:

- 1. Completed Section A, B and C of this form
- 2. Completed Section D Description of Proposed Alternative Solution
- 3. Completed Section E Identification of and submission of testing and background information
- 4. Completed Section F Code Analysis and Identification of applicable Division B (Acceptable Solution) provisions
- 5. Completed Section G Identification of applicable linked pairs of objectives and functional statements
- 6. Completed Section H Evaluation of level of Performance of applicable Division B provisions and Evaluation of level of Performance of proposed alternative solution
- 7. Completed Section I Identification of assumptions, limiting or restricting factors including any information concerning any special maintenance of operation requirements
- 8. Payment of applicable fees



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Reviewed By:	BCIN#:	Date:
Summary of Proposal		
Additional Applicable Division B Provisions not		
Numeric Reference	Summa	ary of Provision
Evaluation		



Conditions of Approval				
Your Application and supporting documentation in support of this application for approval of an Alternative Solution has been reviewed and the application is hereby:				
Approved				
Approved subject to Attached Conditions of Approval				
Refused for the following reasons:				
a)				
b)				
Chief Building Official Name:	BCIN:			
Signature:	_			
Date:				
	_			
<ul> <li>a) Appeal the decision to the Building Code Commission under Section 24 of the Building Code Act</li> <li>b) Appeal the decision to the Superior Court of Justice under Section 25 of the Building Code Act</li> <li>c) Apply to the Minister for a binding interpretation under Section 28.1 of the Building Code Act</li> <li>d) Comply with the Acceptable Solution as outlined in Division B of the Ontario Building Code</li> </ul>				