

**Property/Permit Information:**

Building Number, Street Name:	Unit Number:
Municipality:	Postal Code:
Lot/Con:	M-Plan/R-Plan Number:
Building Permit Number:	Building Type/Classification:

**Section A – Description of Proposal:****Section B – Designer Information:**

Last Name:	First Name:
Qualifications:	BCIN:
Company:	Address:
Municipality:	Province/Country:
Postal Code:	Email:
Telephone (Include Area Code):	Cell (Include Area Code):

Signature _____  Date _____	Seal
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**Section C – Owner Information:**

Last Name:	First Name:
Position:	Company:
Address:	Unit:
Municipality:	Province/Country:
Postal Code::	Email:
Telephone (Include Area Code)	Cell (Include Area Code)
Signature:	Date:

**Section D – Supporting Documentation:**

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

**Section E – Applicable Division B Provisions:**

Code Reference	Summary of Provision

**Section F – Identification of Functional Statements/Objections/Areas of Performance:**

Code Reference	Functional Statement	Objective	Summary of Areas of Performance

**Section G –Evaluation of Level of Performance:**

Building Code Provision:	Proposed Alternative Solution:

**Section H –Assumptions, Limiting or Restricting Factors:**

**Reasons for Proposed Alternative Solution (Optional):**

**Declaration of Proponent:**

I \_\_\_\_\_, declare that:

(Name of Proponent)

1. The information contained in this Alternative Solution application, attached schedules, attached plans and specifications and other attached documentations is true to the best of my knowledge.
2. The proposed Alternative Solution will achieve the same level of performance required by the applicable acceptable solution in Division B of the Building Code, and
3. I understand that this application is subject to the review and approval by the Chief Building Official and that the fees for Alternative Solution proposals are non-refundable.

\_\_\_\_\_

Date Signature of Proponent

**OFFICE USE ONLY:**

Alternative Solutions Application Number:	Examiner:
BCIN	Date

**Summary of Proposal:**

**Additional Applicable Division B Provisions Not Listed By Applicant:**

Numeric Reference	Summary of Provision

**Evaluation:**

**Conclusion:**

Your application and supporting documentation in support of this application for approval of an Alternative Solution has been reviewed and the application is hereby:

<input type="checkbox"/> Refused for the following reasons:	
<input type="checkbox"/> Approved subject to the following conditions:	

**OFFICE USE ONLY – Internal Use:**

**Circulation of Approved Alternative Solution:**

<input type="checkbox"/>	Proponent	<input type="checkbox"/>	Mechanical Inspector	<input type="checkbox"/>	Central Registry (binder)
<input type="checkbox"/>	Building Inspector	<input type="checkbox"/>	Plumbing Inspector	<input type="checkbox"/>	Permit File
<input type="checkbox"/>	Fire Inspector	<input type="checkbox"/>		<input type="checkbox"/>	

**Examination Fee as per By-Law 33-2009, as Amended:**

<input type="checkbox"/> House:	<input type="checkbox"/> Other:
Hour(s):	Rate (\$) _____ /hour:
Total \$:	Payment Received: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Building Permit & Inspection Services:**

	Reviewed By:	Approved By:
Name		
Position		
Signature		
BCIN		
Date		

**Fire Services:**

	Reviewed By:	Approved By:
Name		
Position		
Signature		
BCIN		
Date		

Where an application for the Use of an Alternative Solution has been denied by the Chief Building Official the Applicant may:

- a) Appeal the decision to the Building Code Commission under Section 24 of the Building Code Act
- b) Appeal the decision to the Superior Court of Justice under Section 25 of the Building Code Act
- c) Apply to the Minister for a binding interpretation under Section 28.1 of the Building Code Act
- d) Comply with the Acceptable Solution as outlined in Division B of the Ontario Building Code