

# Application for an Alternative Solution

As per the Requirements of Division C, Article 2.1.1.1.

Application/Permit number:				
Date received:				
<b>A. Project information</b>				
Street address			Unit number	Lot/con.
Municipality Kitchener	Postal code	Plan number/other description		
<b>B. Applicant - Person Responsible for Alternative Solution</b>				
Last name		First name	Corporation or partnership	
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number	Fax		Cell number	
Qualifications			BCIN # (If Applicable)	
<b>C. Summary of Proposed Alternative Solution</b>				
New construction	Addition to an existing building	Alteration/repair	Demolition	Conditional Permit
Proposed use of building		Current use of building		
Description of Alternative Solution				

**D. Applicable Division B Provisions**

Sentence	Summary of Provision	For Office Use Only

**E. Applicable Objectives and Functional Statements (Division A, Part 2 and 3)**

OBC Sentence	Functional Statement	Objective	Summary of Area of Performance	For Office Use Only

<b>F. Confirmation of Level of Performance</b>		
Division B Requirement (Description of Level of Performance Div. B Achieves)	Alternative Solution (Description of Alternative Solution Level of Performance Achieved)	For Office Use Only

<b>G. Supporting Documentation/Attachments</b>			
Include all documentation for testing, past performance and/or other evaluation to establish achievement with the level of performance required under article 1.2.1.1. of Division A. (if applicable) in support of Alternative Solution Application.			
	Author	Title of Document	For Office Use Only
1.			
2.			
3.			
4.			
5.			
6.			

<b>H. Declaration of Applicant</b>	
<p>I _____</p> <p>(print name)</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. The information contained in this application, attached plans and specifications, and other attached documentation is true to the best of my knowledge.</li> <li>3. I have authority to bind the corporation or partnership (if applicable).</li> </ol> <p>Date _____</p>	<p>certify that:</p> <p>Signature of applicant _____</p>

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.