

ALTERNATIVE MATERIALS AND METHODS OF CONSTRUCTION AND/OR DESIGN

(Submit a minimum of **two** copies of all documents, including plans showing the proposed alternate)

ALTERNATE SUBMITTAL FOR: _____

PROJECT: _____

BUILDING PERMIT NO.: _____ DATE ISSUED: _____

Dear Fire Marshal;

This is to acknowledge our understanding that the alternate submittal(s) of plans for the above project will be charged the current hourly plan check rate with a minimum deposit of an estimated time spent on said review. The alternate submittal items shall not be installed until the Fire Marshal has approved their design and submittal documents.

Requested by: _____ *(Print)* _____ *(Sign)*
Contractor: _____

Contact Person's Name: _____ Phone No.: _____

Fire Marshal: _____ Approval Recommended (Y/N): _____

Date: _____



Alameda County Fire Department

Fire Prevention Bureau

Union City
34009 Alvarado-Niles Rd., Union City, CA 94587
(510) 675-5470
Fax (510) 441-2943

ALTERNATE MATERIALS OR METHODS OF CONSTRUCTION AND/OR DESIGN REQUEST

(Submit **two** copies of all documents, including plans showing the proposed alternate)

Under the authority of 104.9 of the 2010 CFC, the undersigned request approval of alternate materials and methods of construction is for:

Project Name: _____
Project Address: _____
Occupancy Group: _____ Type of Construction: _____ Sprinklered (Y/N): _____ No. of Stories: _____
Total Floor Area: _____ Floor Area Per Floor: _____ Tenant Floor Area: _____
Describe Use: _____

SUBJECT OF ALTERNATIVE (separate forms should be filled out for each different item): _____

CODE REQUIREMENT (specify code edition and section): _____

ALTERNATE PROPOSED: _____

JUSTIFICATION (Attach copies of any reference, test reports, expert opinions, etc. The Fire Marshal may require that a consultant be hired by the applicant to perform test, research and analysis and submit a full report of evaluation to the Fire Prevention Bureau for consideration and approval): _____

REQUESTED BY:	(Print)	(Sign)
Owner:	_____	_____
Architect:	_____	_____
Engineer:	_____	_____
Contractor:	_____	_____

(Architect or Engineer must wet stamp and sign)

Contact Person's Name: _____ Phone No.: _____
Address: _____ City: _____ Zip: _____

.....
STAFF USE ONLY

Staff findings: _____

Staff Person: _____ Date: _____ Approval Recommended (Y/N)

Fire Marshal: Approved/Denied Date: _____ Signed: _____