

For use by Principal Authority			
Application number:		Building Permit number:	
Date received:			
Application submitted to: _____ (Name of municipality, upper-tier municipality, board of health or conservation authority)			
A. Project information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Building Type	
B. Designer Information			
<input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner			
Last name	First name		
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax		Cell number
BCIN #	Qualifications		
C. Owner Information			
Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax		Cell number
D. Description of Proposed Alternative Solution			

**E. Supporting Documentation**

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

**F. Applicable Division B Provisions**

Numeric Reference	Summary of Provision

**G. Identification of Functional Statements/ Objectives/" Areas of Performance"**

Sentence	F.S.	Objective	Summary of "Areas of Performance"

**H. Evaluation of Level of Performance**

Division B Provisions	Proposed Alternative Solution

**I. Assumptions, Limiting or Restricting Factors**

**J. Reason for Proposed Alternative Solution**

**K. Declaration of applicant**

I \_\_\_\_\_ 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of applicant

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 or operation requirements
8. Payment of applicable fees

Reviewed By:	BCIN:	Date:
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**Summary of Proposal**

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**Additional Applicable Division B Provisions not listed by applicant**

Numeric Reference	Summary of Provision

**Evaluation**

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**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: \_\_\_\_\_

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