

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

For use by Principal Authority			
Application number:	Building Permit number:		
Date received:			
Application submitted to: Town of Collingwood <small>(Name of municipality, upper-tier municipality, board of health or conservation authority)</small>			
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

Additional Applicable Division B Provisions not listed by applicant

Numeric Reference	Summary 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: _____

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