



**Town of Truckee
Building & Safety**

10183 Truckee Airport Road
Truckee, CA 96161
(530) 582-7820
www.townoftruckee.com



**Nevada County
Building Department**

950 Maidu Avenue
Nevada City, CA 95959
(530) 265-1222
www.mvnevadacounty.com



**City of South Lake Tahoe
Building Department**

1052 Tata Ln.
South Lake Tahoe, CA 96150
(530) 542-6010
www.cityofslt.us



**City of Grass Valley
Building Department**

125 East Main Street
Grass Valley, CA 95945
(530) 274-4340
www.cityofgrassvalley.com



Placer County Building Department

3091 Counter Center Drive
Auburn, CA 95603
(530) 745-3010
Tahoe Office
775 North Lake Blvd
Tahoe City, Ca 96145
(530) 581-6200
www.placer.ca.gov

"Partnering to Improve Consistency & Customer Service"

**ALTERNATE MATERIALS OR METHODS OF
CONSTRUCTION AND/OR DESIGN REQUEST**

(Submit two copies of all documents, including plans showing the proposed alternate to the appropriate jurisdiction)

Alternate Material/Method No. _____ **Date Requested:** _____

Under the authority of CBC and CRC Sections 104.11 & R104.11 the undersigned request approval of alternate materials and methods of construction is for:

Project Name:		Permit #:	
Project Address:		Assessor's Parcel Number (APN): - -	
Occupancy Group:	Type of Construction:	Sprinklered (Y/N):	No. of Stories:
Total Floor Area:	Total Square Feet:	Tenant Floor Area (if applicable):	

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.):* _____

REQUESTED BY <i>(check at least one):</i> Owner <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____			
Print:		Signature:	
Address:		City:	Zip:
Phone #:		Email:	

Upon Submittal of this request, a minimum plan check fee equal to the current hourly rate will be due. If the alternate method/material is approved, documents shall remain on the job site along with approved sets of building plans.

STAFF USE ONLY
Staff Findings: *(attach additional sheets as needed)* _____

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

Fee Amount: \$ _____ Date Paid: _____

Building Official:
Signature: _____ Date: _____
Approved Approved with Conditions Denied

Fire Official (if applicable):
Signature: _____ Date: _____
Approved Approved with Conditions Denied