

## Alternative Solution Application

### A. Applicant Information

Check box if same as Proponent – skip to Section B	<input type="checkbox"/>
Last Name	
First Name	
Corporation or Partnership	
Street Address	
Municipality	
Province	
Unit Number	
Postal Code	
Telephone Number	
Fax	
Cell Number	
Email	

### B. Proponent's Information

The Proponent shall have the same qualifications as the Designer's under Div. C, Section 3.2 and Section 1.2 for those buildings that require Design and General Review by an Architect/Professional Engineer or both; of which are the minimum required for the submission of an Alternative Solution.

Proponent Qualification	<input type="checkbox"/> Professional Engineer <input type="checkbox"/> Architect <input type="checkbox"/> Other
Designer BCIN # The <b>Schedule 1: Designer Information</b> is to be enclosed, if it is different to the one submitted with the building permit application.	
Last Name	
First Name	
Corporation or Partnership	
Street Address	
Municipality	
Province	
Unit Number	
Postal Code	
Telephone Number	
Fax	
Cell Number	
Email	

### C. Project Information

Street Address	
Unit Number	
Application Number	
Municipality	
Postal Code	
Lot/Con	
Plan Number/Other Description	

**D. Description of Proposed Alternative Solution**

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**E. Supporting Documentation**

Building Permit/Application Number		<input type="checkbox"/> N/A
Past Performance <b>(REQUIRED see Section "H")</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Other Evaluations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**F. Applicable Acceptable Solution in Division B**

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. Past Performance (past performance project within Province of Ontario, if applicable)**

Project A	
Permit Number	
Municipality	
Contact Name/CBO Name & Phone #	
Address	
Project B	
Permit Number	
Municipality	
Contact Name/CBO Name & Phone #	
Address	
Project C	
Permit No.	
Municipality	
Contact Name/CBO Name & Phone #	
Project Address	

**J. Relevant Assumptions, Limiting or Restricting Factors**

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**K. Additional Comments for the Proposed Alternative Solution**

**L. Declaration of Applicant**

I, \_\_\_\_\_, Applicant for the Building Permit Application,  
(print name)

1. Certify that the information contained in this application to be true to the best of my knowledge, and
2. Acknowledge my review of the proposed Alternative Solution and agree with the Proponent's statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/year)

**M. Declaration of Proponent**

I, \_\_\_\_\_, Proponent for the Alternative Solution,  
(print name)

1. Certify that the information contained in this application to be true to the best of my knowledge and that the proposed Alternative Solution will achieve the same level of performance required by the applicable solution in accordance with 1.2.1.1.(1)(b) of Div. A., and
2. Acknowledge that an estimate will be provided for any Third-Party review or testing prior to proceeding with the full review of the Alternative Solution application. The fee for the Third-Party review is in addition to the Application for Alternative Solution fee. The Applicant, upon review of the estimates, agrees to pay the Municipality in full for the completed Third-Party review or testing prior to the release of the Municipality's decision on this Alternative Solution application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/year)