

## Alternative Solution Application

A. Project Information					
Street Address			Unit No.	Application No.	
Municipality	Postal	Lot/Con.	Plan No./Other Description		
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.					
<b>Proponent is:</b> <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Architect <input type="checkbox"/> Designer              BCIN # <input style="width: 100px;" type="text"/> <span style="float: right; font-size: x-small;">The Schedule 1: Designer Information is to be enclosed, if it is different to the one submitted with the building permit application.</span>					
Last Name		First Name		Corporation or Partnership	
Street Address			Unit No.	Lot/Con.	
Municipality	Postal	Province		Email	
Phone (    )	Fax (    )		Cell (    )		
C. Description of Proposed Alternative Solution					
D. Supporting Documentation					
Past Performance ( <b>REQUIRED</b> see Section "H")			<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
E. Applicable Acceptable Solution in Division B					
Numeric Reference	Summary of Provision				

<b>F. Identification of Functional Statements/Objectives/"Areas of Performance"</b>			
<b>Sentence</b>	<b>F.S.</b>	<b>Objective</b>	<b>Summary of "Areas of Performance"</b>
<b>G. Evaluation of Level of Performance</b>			
<b>Division B Provisions:</b>		<b>Proposed Alternative Solution:</b>	

H. Past Performance (past performance project within Province of Ontario, if applicable)		
<b>Project A</b>		Permit No.
Municipality	Contact/CBO Name & Phone #	
Project Address		
<b>Project B</b>		Permit No.
Municipality	Contact/CBO Name & Phone #	
Project Address		
<b>Project C</b>		Permit No.
Municipality	Contact/CBO Name & Phone #	
Project Address		
I. Relevant Assumptions, Limiting or Restricting Factors		
Additional Comments for the Proposed Alternative Solution		

**J. Declaration of Proponent and Designer**

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

Certify that the information contained in this application to be true to the best of my knowledge, and  
 Certify 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.

\_\_\_\_\_                                  \_\_\_\_\_  
 Signature                                  Date

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

1. Certify that I have reviewed the proposed Alternative Solution and agree with the above Proponent's statements, 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 application. The fee for Third Party review is in addition to the Application for Alternative Solution fee. The permit applicant upon review of the estimates agrees to pay in full the Municipality for the completed Third Party review or testing prior to release of the Municipality's decision on the application for the alternative solution.

\_\_\_\_\_                                  \_\_\_\_\_  
 Signature                                  Date