



APPLICATION FOR ALTERNATE MATERIALS AND METHODS

PROJECT NAME		PROJECT ADDRESS	DATE
OWNER'S NAME	OWNER'S ADDRESS		PERMIT OR APP. NO.
APPLICANT'S NAME (Not company name)	APPLICANT'S ADDRESS		PHONE
RELATIONSHIP OF APPLICANT TO PROJECT AND COMPANY NAME		BUILDING PLANS EXAMINER FAMILIAR WITH PROJECT	
Pursuant to WCC100.104.11 a request is hereby made to Building Official – for an alternate material and method from Section _____ of the _____ Code, which requires that:			
I request the following alternate material and/or method for the code section listed above (include reasons why necessary): (Use attachments if necessary)			
I believe this proposal complies with the intent of the code, and that the material, method or work offered is, for the purpose intended, at least the equivalent of that prescribed in the Building Code in quality, strength, effectiveness, fire resistance, durability, and safety because: (Use attachments if necessary)			
<hr/> IF THE APPLICANT IS NOT THE OWNER OR THE OWNER'S ARCHITECT OR ENGINEER, THEN THE OWNER'S SIGNATURE MUST APPEAR ON THE LINE ABOVE <hr/> TITLE			ARCHITECT OR ENGINEER'S SEAL
DECISION OF THE WASHOE COUNTY – BUILDING CODE OFFICIAL <ul style="list-style-type: none">○ Approved○ Approved with Conditions○ Not Approved Conditions by Building Official:			
DATE	BUILDING OFFICIAL – Building Code Official or authorized designee		

**For information regarding the building appeal process please contact the Building Official