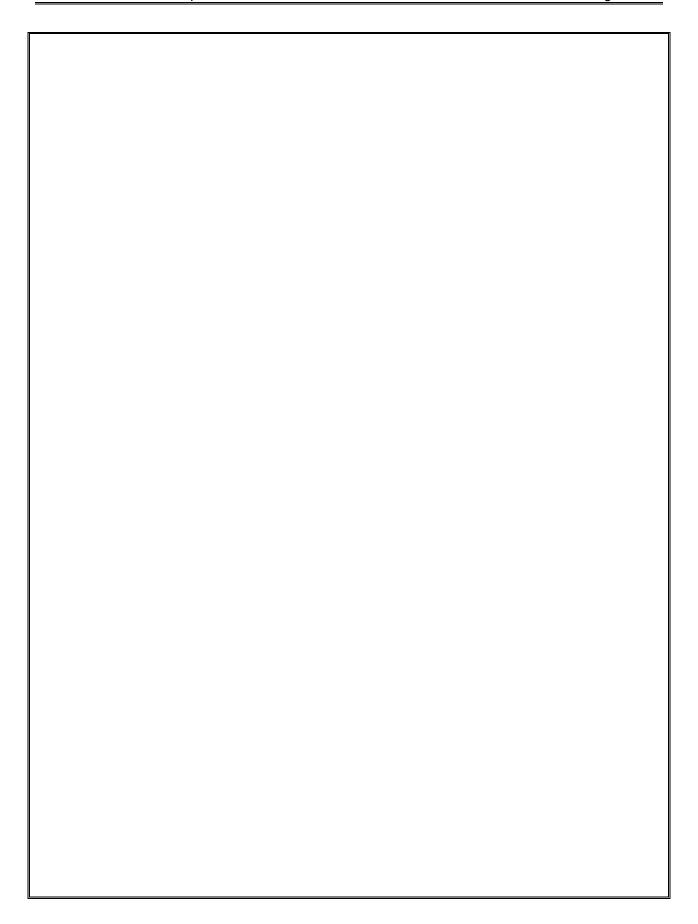
ALTERNATIVE SOLUTION PROPOSAL

(In Accordance with Section 2.3 of Division C of the BC Building Code)

Building Permit No.	Proje	ect Address	Date	
Design Professional/Ap	plicant Information		Professional Seal	
Proposed by:				
Design Firm:				
Address:				
Phone:	Fax:	Email:		
Code Reference(s) and Summary of Deviations(s) from BC Building Code: (if insufficient space, add a separate sheet)				

Brief Project Description: (if insufficient space, add a separate sheet)				
Objective, Functional & Intent Statement(s) of the BC Building Code Requirement(s): (if insufficient space, add a separate sheet)				

Summary of Mitigating Features: (if insufficient space, add a separate sheet)				
Analysis and Evaluation to validate Acceptance: (if insufficient space, add a separate sheet)				



For Office Use Only:					
Payment:	Invoice Number: A	AS Number:			
Building Permits & Licences Staff Comments and Recommendations:					
□ Attached □ Noted					
Comments by:	Position	Date:			
Fire Department Staff Com	ments and Recommendations:				
□ Attached □ Noted					
Comments by:	Position	Date:			
Proposed Alternative Solution	on is				
□ Acceptable □ Acc	ceptable subject to condition(s) note below	w □ Refused			
Manager, Building Permits a	and Licences	Date			