



**Town of Truckee  
Building & Safety**  
10183 Truckee Airport Road  
Truckee, CA 96161  
(530) 582-7820  
[www.townoftruckee.com](http://www.townoftruckee.com)



**Nevada County  
Building Department**  
950 Maidu Avenue  
Nevada City, CA 95959  
(530) 265-1222  
[www.mynevadacounty.com](http://www.mynevadacounty.com)



**City of South Lake Tahoe  
Building Department**  
1052 Tata Ln.  
South Lake Tahoe, CA 96150  
(530) 542-6010  
[www.cityofslt.us](http://www.cityofslt.us)



**City of Grass Valley  
Building Department**  
125 East Main Street  
Grass Valley, CA 95945  
(530) 274-4340  
[www.cityofgrassvalley.com](http://www.cityofgrassvalley.com)



**Placer County Building Department  
Tahoe Office**  
775 North Lake Blvd  
Tahoe City, Ca 96145  
(530) 581-6200  
[www.placer.ca.gov](http://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)

<b>Alternate Material/Method No.</b> _____	<b>Date Requested:</b> _____
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Under the authority of CBC and CRC Sections 104.1 & 104.11 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.):* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>REQUESTED BY</b> <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: \_\_\_\_\_

<b>Building Official:</b>	
Signature: _____	Date: _____
Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied <input type="checkbox"/>	

<b>Fire Official (if applicable):</b>	
Signature: _____	Date: _____
Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied <input type="checkbox"/>	