

Application for Approval of an Alternative Solution

Pursuant to Ontario Building Code, Division A, 1.2.1.1

A. Project Information							
Building number, street name			Unit number	Lot/con.			
Municipality	Postal code	M-Plan/ R-Pla	n Number				
Building Permit Reference Number	L	I					
B. Proponent							
The Proponent shall have the same qualifications as the Designers under Division 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 is: Professional Engineer Architect							
Designer BCIN NoThe Schedule 1: Designer Information form is to be							
enclosed	if it is different to the one						
Last name	First name	Corporation or	partnership				
Street address							
Municipality	Postal code	Province	E-mail				
Telephone number ()	Fax ()		Cell number ()				
C. Applicant (<i>if different from Proponent</i>) Applicant is:							
Last name	First name	Corporation or					
Street address		I	Unit number				
Municipality	Postal code	Province	E-mail				
Telephone number ()	Fax ()	I	Cell number ()				
D. Owner (if different from Applicant)							
Last name	First name	Corporation or	partnership				
Street address		I	Unit number				
Municipality	Postal code	Province	E-mail				
Telephone number ()	Fax ()	1	Cell number ()				



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E. Description of Proposed Alternative Solution				
F. Supporting Doc				
Past Performa	ince			
Other Evaluati				
G. Applicable Divis		5		
Numeric Reference			Summary of Provision	
H. Identification of Functional Statements / Objectives / "Areas of Performance"				
Sentence	F.S	O.S	Summary of "Areas of Performance"	



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I. Evaluation of Level of Performance				
Division B Provisions	Proposed Alternative Solution			
J. Assumptions, Limiting or Restricting Factors				
K. Reason for Proposed Alternative Solution				



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L. Supporting Documents Submitted (in PDF format)			
Docum	ent Name	Description	
M. Declaration of Proponent			
		, declare that	
		(Name of Proponent)	
 The information contained in this Alternative Solution application, attached schedules, attached plans and specifications and other attached documentation is true to the best of my knowledge, 			
 The proposed Alternative Solution will achieve the same level of performance required by the applicable acceptable solution in Division B of the Building Code, and 			
 I understand that this application is subject to the review and approval by the Chief Building Official and that the fees for Alternative Solution proposals are non-refundable. 			
	Date	Signature of Proponent	

This is a form prescribed by the Chief Building Official pursuant to the City of Markham Building By-law. Personal information contained in this form is collected under the authority of Subsection 8(1.1) of the Building Code Act, 1992, and will be used in the administration and enforcement of the Building Code Act, 1992,