

APPLICATION FOR USE OF ALTERNATE MATERIALS METHODS

CITY OF UNDERWOOD, IOWA Building & Safety Department 218 2nd Street P.O. Box 40

Underwood, IA 51576

Telephone: (712) 566-2373 Fax: (712) 566-2083

design, or construction method if the Building Official of construction method would comply with the Building, Ematerial, design or construction method is at least equisuitability, quality, strength, effectiveness, fire resistant submitted to substantiate any claims that may be made method. 2. Address all communications to: City Building Official	determines the following: (Electrical, Plumbing, or Meivalent to the standards proce, durability, safety, and sergarding the use of any particular than the control of the	a) that the prochanical Regescribed in the sanitation; and proposed alto	oposed alternated in the property of the prope	ate material, design, or hat the proposed alternate egulation in terms of icient evidence has been al, design or construction	
Project Name	Address				
Owner's Name	Owner's Mailing Address		Zip Code	Telephone No.	
Designer's Name	Designer's Mailing Addres	's Mailing Address		Telephone No.	
Contact Name	Contact Email Address	Email Address Contact Tel		Contact Fax No.	
Clearly define all alternates offered in lieu of the prescribed code section(s). Submit additional information if necessary.			Plans submitted with request. O Yes O No		
			Printed Name:		
If additional space is required, attach separate sheet.					
ber of Plan Review Hours:	Total Fees:				
Approval:		Disapproval:			
	Date:				
	design, or construction method if the Building Official of construction method would comply with the Building, Ematerial, design or construction method is at least equi suitability, quality, strength, effectiveness, fire resistant submitted to substantiate any claims that may be made method. 2. Address all communications to: City Building Official 3. Requests to use alternate materials, design, or constappeals Board: see section 112 of the IBC. Project Name Owner's Name Contact Name Clearly define all alternates offered in lieu of the prescribed code section(s). Submit additional information if necessary. State how the alternate(s) proposed are at least as equivale as necessary to substantiate claims of equivalency. The just say necessary to substantiate claims of equivalency. The just signature of BUILDING OWNER or REPRESENTATIVE: If additional space ber of Plan Review Hours: Oval:	design, or construction method if the Building Official determines the following: construction method would comply with the Building, Electrical, Plumbing, or Me material, design or construction method is at least equivalent to the standards presultability, quality, strength, effectiveness, fire resistance, durability, safety, and a submitted to substantiate any claims that may be made regarding the use of any method. 2. Address all communications to: City Building Official. THIS FORM MUST BE St. 3. Requests to use alternate materials, design, or construction methods that are of Appeals Board: see section 112 of the IBC. Project Name Owner's Name Owner's Mailing Address Designer's Mailing Address Contact Name Contact Email Address Clearly define all alternates offered in lieu of the prescribed code requirements & identification exception of the section of	design, or construction method if the Building Official determines the following: (a) that the pronstruction method would comply with the Building, Electrical, Plumbing, or Mechanical Reg material, design or construction method is at least equivalent to the standards prescribed in it suitability, quality, strength, effectiveness, fire resistance, durability, safety, and sanitation; are submitted to substantiate any claims that may be made regarding the use of any proposed attemethod. 2. Address all communications to: City Building Official. THIS FORM MUST BE SIGNED BY TH. 3. Requests to use alternate materials, design, or construction methods that are denied by the Appeals Board: see section 112 of the IBC. Project Name Address Owner's Name Designer's Name Designer's Mailling Address Contact Tel Contact Name Contact Email Address Contact Tel Clearly define all alternates offered in lieu of the prescribed code requirements & identify relevant code section(s). Submit additional information if necessary. State how the alternate(s) proposed are at least as equivalent to the prescribed requirements(s). Atta as necessary to substantiate claims of equivalency. The justification must be prepared by a licensed. Signature of BUILDING OWNER or REPRESENTATIVE: Printed Nam If additional space is required, attach separate sheet. Der of Plan Review Hours: Disapproval: Disapproval:	2. Address all communications to: City Building Official. THIS FORM MUST BE SIGNED BY THE BUILDING O 3. Requests to use alternate materials, design, or construction methods that are denied by the Building Official Appeals Board: see section 112 of the IBC. Project Name Address Owner's Name Owner's Mailing Address Zip Code Designer's Name Designer's Mailing Address Zip Code Contact Name Contact Email Address Contact Telephone No. Clearly define all alternates offered in lieu of the prescribed code requirements & identify relevant code section(s). Submit additional information if necessary. Plans submitte OO Yes O State how the alternate(s) proposed are at least as equivalent to the prescribed requirements(s). Attach supporting as necessary to substantiate claims of equivalency. The justification must be prepared by a licensed architect or engent as necessary to substantiate claims of equivalency. The justification must be prepared by a licensed architect or engent as necessary to substantiate claims of equivalency. The justification must be prepared by a licensed architect or engent as necessary to substantiate claims of equivalency. 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