

# **Alternate Materials, Alternate Design and Methods of Construction**

**City of Costa Mesa  
Development Services Department  
Building and Safety Division**  
77 Fair Drive, P.O. Box 1200  
Costa Mesa, California 92626-1200  
(714) 754-5273 Fax (714) 754-4856

Under the authority of Appendix Chapter 1, Section 1.8.7 of 2016 CA Building Code, 2016 CA Plumbing Code, 2016 CA Mechanical Code and 2016 CA Electrical Code, the undersigned request approval of alternate materials and methods of construction for:

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_

Project Address: \_\_\_\_\_

Building Permit/Plan Check Number: \_\_\_\_\_

Code Requirement (Specify Code Edition and Section): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Alternate Proposed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evidence shall be submitted with this request to substantiate claims that the proposed alternate, in performance, safety and protection of life and health, conforms to, or is at least equivalent to the standards contained in this code.

Requested By:

\_\_\_\_\_  
ARCHITECT OR ENGINEER (SIGN)      CONTRACTOR (SIGN)      BUILDING OWNER (SIGN)

\_\_\_\_\_  
ARCHITECT OR ENGINEER (PRINT)      CONTRACTOR (PRINT)      BUILDING OWNER (PRINT)

\_\_\_\_\_  
ARCHITECT OR ENGINEER'S LICENSE NUMBER      CONTRACTOR'S LICENSE NUMBER

## **Staff and Outside Plan Use Only**

Consultant Plan Checker: \_\_\_\_\_ Date: \_\_\_\_\_

Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Staff Plan Checker: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended      Reason: \_\_\_\_\_

Not Recommended      \_\_\_\_\_

## **Building Official/Fire Marshal Only**

Approved      Reason: \_\_\_\_\_

Denied      \_\_\_\_\_

See Attachment      \_\_\_\_\_

Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Marshal (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_