



FORM A.9.1 ALTERNATIVE SOLUTION APPLICATION

Building Department
350 City Hall West 2nd Floor
Windsor, Ontario N9A 6S1
TEL: 519-255-6267
EMAIL: buildingdept@citywindsor.ca

For use by Principal Authority	
Application number:	Permit number (if different):
Date received:	Roll number:

A. Project information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/other description	
Construction Permit Number		Area of work (m ²)	

B. Proponent's Information Applicant			
The Proponent shall have the same qualifications as the Designer's Under Div. 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.			
The Proponent is:			
<input type="checkbox"/> Professional Engineer <input type="checkbox"/> Architect <input type="checkbox"/> Designer			
BCIN #:		The <u>Form A.1 Designer Information</u> is to be enclosed, if it is different to the one submitted with the building permit application.	
Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax	Cell number	

C. Description of Proposed Alternative Solution

D. Supporting Documentation
<input type="checkbox"/> Past Performance
<input type="checkbox"/> Tests
<input type="checkbox"/> Other Evaluations

E. Applicable Acceptable Solution in Division B	
Numeric Reference	Summary of Provision

F. Identification of Functional Statements/Objectives/"Areas of Performance"

Sentence	F.S.	Objective	Summary of "Area of Performance"

G. Evaluation of Level of Performance

Division B Provisions:	Proposed Alternative Solution:

H. Relevant Assumptions, Limiting or Restricting Factors

Additional Comments for the Proposed Alternative Solution

I. Declaration of Proponent and Designer

I _____ Proponent for the Alternative Solution, certify that:
Print Name

- 1. The information contained in this application, attached schedules and forms, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
- 2. The proposed Alternative Solution will achieve the same level of performance required by the applicable solution in accordance with 1.2.1.1.(1)(b) of Division A

Signature Date

I _____ Designer responsible for the Building Permit Application,
Print Name
certify that I have reviewed the proposed Alternative Solution and agree with the above Proponent's statements.

Signature Date

Personal information contained in this form and schedules 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*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.

OFFICE USE ONLY

Summary of Proposal and Comments – May be provided on a separate sheet if more space is required.

Large empty rectangular area for providing a summary of the proposal and comments.

Evaluation **Approval Recommended** **Approval Not Recommended**

Comments:

Large empty rectangular area for providing comments.

Plans Examiner (print name) Signature of Plan Examiner Date

Manager / Supervisor (print name) Signature of Manager / Supervisor Date