

COMMUNITY DEVELOPMENT DEPARTMENT Building Inspection Division

221 West Pine St./PO Box 3006, Lodi, CA 95241-1910 (209) 333-6714

Alternate Materials or Methods of Construction and/or Design Request Alternate Material No.: ______

Please fully complete and submit **two (2)** copies of all documents, including plans showing the proposed alternate. Under the authority of Sections 104.11 of the 2019 CRC & CBC; 301.3 of the CPC; 103.0 of the CMC; and 90-4 of the CEC, the undersigned reguest approval of alternate materials and methods of construction is for:

Project Name & Address:					Permit No.:	
Occupancy Group:	Type of Cons	truction:	Sprinkled (Y/N)):	No. of Stories:	
Total Floor Area:	Floo	or Area Per Floo	r:	Tenant F	Floor Area:	
Describe Use:						
Subject of Alternative (separate forms sho	uld be filled out	for each different	titem):		
Code Requirement (spe Alternate proposed:	ecify code edition an	nd section):				
Alternate proposed.						
					Building Official may require that	
consultant be hired by th Safety & Inspection for c			h and analysis ar		l report of evaluation to the Buildir	
	onsideration and ap	pproval):		nd submit a ful	I report of evaluation to the Buildir	
Safety & Inspection for c	onsideration and ap	pproval):		nd submit a ful		
Safety & Inspection for control of the safety & Inspectio	onsideration and ap	pproval):		nd submit a ful	I report of evaluation to the Buildir	
Requested by (architect Owner: Architect:	onsideration and ap	pproval):		nd submit a ful	I report of evaluation to the Buildir	
Requested by (architect Owner: Architect: Engineer: Contractor:	onsideration and ap or engineer must v (Print Name)	wet-stamp and	sign below):	nd submit a ful	I report of evaluation to the Buildir	
Requested by (architect Owner: Architect: Engineer:	onsideration and ap or engineer must v (Print Name)	wet-stamp and	sign below):	nd submit a ful	I report of evaluation to the Buildir	
Requested by (architect Owner: Architect: Engineer: Contractor:	onsideration and ap or engineer must v (Print Name)	wet-stamp and	sign below):	nd submit a ful	I report of evaluation to the Buildir	
Requested by (architect Owner: Architect: Engineer: Contractor: Contact Person's Nar	onsideration and ap or engineer must v (Print Name)	wet-stamp and	sign below): one No. USE ONLY	nd submit a ful	(Signature) Date Requested	