



Small Town. Real Life.

ALTERNATE MATERIALS, DESIGN & METHODS OF CONSTRUCTION & EQUIPMENT

Permit Number: _____

Date: _____

Project Name: _____

Applicant: _____

Phone No: _____

E-mail: _____

Site Address: _____

In accordance with Title 10 of the Duvall Municipal Code, I am requesting review of an alternate material, design or method of construction or equipment regarding the provisions of:

(Code Edition/Section): _____

Please provide information for the (4) criteria identified below in bold:

What is the code intent (quote code section)?

Why can't the project follow the code intent? Please include additional narrative (if more room is needed) and drawings to clearly illustrate the reason for the request:

What is proposed to be used in lieu of the code intent? (Provide additional narrative if necessary)

How is the proposed alternate equivalent to the code intent? (Include additional narrative and drawings to clearly illustrate request, before and after if appropriate. Documentation such as testing reports, listings, installation guidelines, etc. must be provided to support use of the alternate proposed)

Every effort will be made to provide an interpretation within one-two weeks of receipt of this request. Appeals from accessibility requirements of IBC Chapter 11 do not relieve applicant from the obligations to provide access under the Federal ADA laws.

I have reviewed the information contained in this request form and have provided all required information for the request to be reviewed. I understand such reviews require an additional hourly charge (specified in the Duvall Fee Schedule) in addition to the permit fees paid previously for the project (even if my request is not approved), and that implementation/installation of the requested alternate will not take place until authorized through the City of Duvall Building Division.

Signature/date: _____

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CONSTRUCTION & EQUIPMENT**

Staff Use Only

Evaluation of Proposal by Plans Examiner and/or Building Inspector:

Strength: _____

Effectiveness: _____

Fire Resistance: _____

Safety: _____

Sanitation: _____

Other: _____

Recommended Action:

APPROVE___ DENY ___ Reviewer: _____

Conditions:

Additional Information on Proposed Alternate:

Supervisor Concurrence: _____ Date: _____