

CITY OF BURLINGAME



BUILDING DIVISION

**501 PRIMROSE ROAD BURLINGAME CA 94010-3997
(650) 558-7260 FAX: (650) 696-7208
WEB SITE: www.burlingame.org**

Request for Alternate Materials or Methods of Construction

Date Received: _____

Permit Number _____

In accordance with section 104.11 of the 2016 California Building Code and / or section 104.9 of the 2016 California Fire Code the undersigned requests approval of alternate materials and methods of construction for:

Project Name: _____

Project Address: _____

Subject of *alternative* (separate forms must be completed for each different item): _____

Code requirement (specify code edition and section): _____

Alternate proposed: _____

Justification (attach copies of any reference, test reports, expert opinions, etc.): _____

Requested by:

Affiliation with Project: _____

Print Name

Signature

Contact Telephone No: _____

Staff Use Only

Staff Findings: _____

Approval Recommended []

Not Recommended []

Plans Examiner: _____

Approval Recommended []

Not Recommended []

Building Official: _____