Application for Approval of an Alternative Solution Pursuant to the Building Code Act, Section 9 and the Ontario Building Code Div A – 1.2.1.1

For use by Principal Authority					
Application number:		Building Permit number:			
Date received:					
Application submitted to: Township of Muskoka Lakes, P.O. Box 129, Port Carling, ON P0B 1J0 (Name of municipality, upper-tier municipality, board of health or conservation authority)					<u>J0</u>
A. Project information				T	
Building number, street name				Unit number	Lot/con.
Municipality	Postal code	Postal code Building Type			
B. Designer Information		C	Authorized agent of	of owner	
Last name	First name				
Street address				Unit number	Lot/con.
Municipality	Postal code	Postal code Province		E-mail	
Telephone number	Fax			Cell number	
BCIN#	Qualifications				
C. Owner Information					
Last name	First name		Corporation or partners	ship	
Street address				Unit number	Lot/con.
Municipality	Postal code		Province	E-mail	•
Telephone number	Fax			Cell number	
D. Description of Proposed Alternative S	Solution				

E.	Supporting Documentation			
	☐ Past Performance			
	☐ Tests			
	☐ Other Evaluations			
F.	Applicable Division B Provisions			
	meric Reference	Summary of Provision		
G.	Identification of Functional Statem	ents/ Objectives/"A	Areas of Performance"	
	Sentence F.S.	Objective	Summary of "Areas of Performance"	
Н.	Evaluation of Level of Performance	9		
	Division B Provisions		Proposed Alternative Solution	

I.	Assumptions, Limiting or Restricting Factors	
	Description Description Alternative Collection	
J.	. Reason for Proposed Alternative Solution	
V	Declaration of applicant	
n.	C. Declaration of applicant	
ı		declare that:
•	(print name)	_acciaro triat.
	4 The information contained in this confiction attached about the attached also and consider the confiction and	- 41 44 1
	1. The information contained in this application, attached schedules, attached plans and specifications, and	oiner allached
	documentation is true to the best of my knowledge.	
_	Date Signature of applicant	
	Signature of applicant	

Checklist for Application for Evaluation of Alternative Solution:

- 1. Completed Section A, B and C of this form
- 2. Completed Section D- Description of Proposed Alternative Solution
- 3. Completed Section E- Identification of and submission of testing and background information
- 4. Completed Section F- Code Analysis and Identification of applicable Division B (Acceptable Solution) provisions
- 5. Completed Section G- Identification of applicable linked pairs of objectives and functional statements
- 6. Completed Section H- Evaluation of level of Performance of applicable Division B provisions and Evaluation of level of Performance of proposed alternative solution
- Completed Section I- Identification of assumptions, limiting or restricting factors including any information concerning any special maintenance or operation requirements
- 8. Payment of applicable fees

Office Use Only

Reviewed By:	BCIN:	Date:
Summary of Proposal		
Additional Applicable Division B Province Reference	visions not listed by applicant Summary of Provision	
Numeric Reference	Summary of Provision	
Evaluation		

Conditions of Approval		
		ng documentation in support of this application for approval of an Alternative Solution has been
	ed and the application i	s hereby:
□ Approved		
		Attached Conditions of Approval
Refused for the following reasons:		ring reasons:
	a) b)	
	2)	
Chief B	uilding Official Name:	BCIN:
Signatu	re:	
Date:		
Date.		
Where a	an application for the U	se of an Alternative Solution has been denied by the Chief Building Official the Applicant may:
a)		o the Building Code Commission under Section 24 of the Building Code Act
b)		o the Superior Court of Justice under Section 25 of the Building Code Act
c)		for a binding interpretation under Section 28.1 of the Building Code Act
d)	Comply with the Acc	eptable Solution as outlined in Division B of the Ontario Building Code