



ALTERNATE MEANS PERMIT APPLICATION

Fire Marshal's Office

70 W. Hedding Street, East Wing, 7th Floor, San Jose CA 95110-1705

Phone (408) 299-5760

http://firemarshal.sccgov.org

FIRE MARSHAL'S APPLICATION for the Use of ALTERNATIVE MATERIAL, ASSEMBLY, EQUIPMENT, METHOD OF CONSTRUCTION, INSTALLATION OR PROTECTION

The provisions of the code are not intended to prevent the use of any material, alternate design or method of construction not specifically prescribed by the code, provided an alternate has been approved and its use is authorized by the County.

The Fire Marshal and/or Building Official may approve any such alternate, provided it is found that:

- 1) the proposed design is satisfactory and complies with the provisions of the code, and
2) the proposed material, design or method is at least equivalent to the code in quality, strength, effectiveness, fire resistance, durability, safety, and meets the intent of the code.

Submittal shall include but not be limited to the following: A completed Alternate Means Permit Application, two (2) sets of backup material to support the justification statement in the request and fees (minimum two (2) hour charge).

Each address or building shall require a separate permit application packet.

The following information is required in order to process your application:

The undersigned hereby requests approval of the following:

Under the authority of: [ ] 2007 CFC Section 111.2.4 [ ] 2007 CBC Section 108.7.2 [ ] 2007 CMC Section 108.7.2
[ ] 2007 CEC Article 98.108.7 [ ] 2007 CPC Section 108.7

ASSOCIATED PC#: ASSOCIATED FILE #:

Applicant's Name: Business Name:

Signature (required): Address:

Telephone(s): Cell Phone or E-mail: Fax:

SITE/JOB LOCATION

Project Name:

Project Address: City: Zip Code:

Cross Street: Bldg. Name: Bldg #:

Describe Use:

REQUEST

Subject of Alternative:

Code Requirement:

(Specify applicable code, edition and section(s).)

Alternate Proposed:

JUSTIFICATION

Attach documentation providing sufficient evidence to substantiate your claim of equivalency.

Table with 2 columns: ACTION BY OFFICE and Office Use Only. Includes fields for Recommendation, FMO PLAN CHECK NO., Fees, Amount Paid, Register Invoice#, and Date Paid.