CITY OF MISSION VIEJO

BUILDING SERVICES DIVISON
200 CIVIC CENTER
MISSION VIEJO, CA 92691
(949) 470-3054

Alternate Means and Methods

Please check one of the following:

_____ Request for Modifications (CBC Section 104.10)

_____ Request for Alternate Materials, Design and Methods of Construction

(CBC Section 104.11) Under the administrative authority granted by the Code(s) designated on this form, the undersigned submits evidence with a request for favorable ruling by the building official.

Project Name: _____ Permit/PC No: _____

Project Address: _____

Requested by: ☐ Architect ☐ Engineer ☐ Contractor ☐ Building Owner

Name: _____

Address: _____

_____

_____

Phone No: _____

For Applicant to complete only

Design Professional Seal/Signature

Code Title and Edition: _____

_____.

Subject of Alternative or Modification: _____

_____.

Alternate or Modification Proposed: _____

_____

_____.

Justification: (Attach copies of supportive data, diagrams, analogies, etc.) _____

_____

_____.

For City Use Only

Amount Paid _____ Receipt # _____ Date _____

Approved _____ Denied _____ Date _____

Signature: _____

Building Official

Conditions of approval: _____

_____

_____

_____.