## EQUIVALENT FACILITATION PROPOSAL FORM

<table>
<thead>
<tr>
<th>Project Name:</th>
<th>Project Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Number:</td>
<td></td>
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<tr>
<td>Project Phase:</td>
<td></td>
</tr>
<tr>
<td>□ New Construction</td>
<td></td>
</tr>
<tr>
<td>□ Preliminary (Conceptual)</td>
<td>□ Renovation/Alteration</td>
</tr>
<tr>
<td>□ Design Development</td>
<td>□ Exterior Only</td>
</tr>
<tr>
<td>□ Other (Please Specify)</td>
<td>□ Other (Please Specify)</td>
</tr>
</tbody>
</table>

1. City of Mississauga FADS Requirement (Please provide Section/Item No.)

_________________________________________________________________________

2. Please describe the intent of the accessibility requirement.

_________________________________________________________________________

_________________________________________________________________________

3. Please describe your reasons for proposing an alternate design.

_________________________________________________________________________

_________________________________________________________________________

4. Please describe how your proposed alternate design meets the intent of the accessibility requirement of the City of Mississauga FADS.

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**PLEASE USE ADDITIONAL SHEETS AS NECESSARY**

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**Applicant:**

Project Designer: ____________________________

Company: ____________________________

Date: ____________________________

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**Acknowledgement:**

City of Mississauga Project Manager: ____________________________