

# EQUIVALENT FACILITATION PROPOSAL FORM



<b>Project Name:</b>	
<b>Project Number:</b>	<b>Project Type:</b>
<b>Project Phase:</b>	
<input type="checkbox"/> Preliminary (Conceptual)	<input type="checkbox"/> New Construction
<input type="checkbox"/> Design Development	<input type="checkbox"/> Renovation/Alteration
<input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> Exterior Only
	<input type="checkbox"/> Other (Please Specify)

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

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**2. Please describe the intent of the accessibility requirement.**

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

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**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: \_\_\_\_\_