

Alternative Solution Application



City of Mississauga
Planning and Building Department
 300 City Centre Drive
 MISSISSAUGA ON L5B 3C1
 Tel : 905-896-5511
 Fax: 905-896-5638
www.mississauga.ca/portal/residents/permit

A. Project Information				
Building number, street name			Unit No	Application No
Municipality	City of Mississauga	Postal	Lot/con.	Plan no/other description
B. Proponent's Information				
The Proponent shall have the same qualifications as the Designer's Under Div. C, Section 3.2 And Section 1.2 for those buildings that require Design And General Review by an Architect/Professional Engineer or both; of which are the minimum required for the submission of an Alternative Solution.				
Proponent is: <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Architect <input type="checkbox"/> Designer				
BCIN # <input style="width: 100px;" type="text"/>		The <u>Schedule 1: Designer Information</u> is to be enclosed, if it is different to the one submitted with the building permit application.		
Last Name		First Name		Corporation or Partnership
Street address			Unit No	Lot/con.
Municipality		Postal	Province	Email
Telephone ()		Fax ()		Cell ()
C. Description of Proposed Alternative Solution				
D. Supporting Documentation				
<input type="checkbox"/> Past Performance				
<input type="checkbox"/> Tests				
<input type="checkbox"/> Other Evaluations				
E. Applicable Acceptable Solution in Division B				
Numeric Reference	Summary of Provision			

F. Identification of Functional Statements/Objectives/"Areas of Performance"

Sentence	F.S.	Objective	Summary of "Areas of Performance"

G. Evaluation of Level of Performance

Division B Provisions:	Proposed Alternative Solution:

H. Relevant Assumptions, Limiting or Restricting Factors

Additional Comments for the Proposed Alternative Solution

I. Declaration of Proponent and Designer

I, _____, Proponent for the Alternative Solution, certify that:
(print name)

1. the information contained in this application to be true to the best of my knowledge, and
2. the proposed Alternative Solution will achieve the same level of performance required by the applicable solution in accordance with 1.2.1.1 (1)(b) of Div. A

Signature

Date

I, _____, Designer responsible for the Building Permit
(print name)

Application, certify that I have reviewed the proposed Alternative Solution and agree with the above Proponent's statements.

Signature

Date

OFFICE USE ONLY

Summary of Proposal and Comments - May be provided on a separate sheet if more space is required.

Evaluation

Approval Recommended

Approval Not Recommended

Comments:

Plans Examiner (print name)

Signature

Date

Manager/Supervisor (print name)

Signature

Date

Personal information on this form is collected under authority of the Ontario Building Code Act, S. O. 1992, c.23, as amended. Information that is required to be provided to a municipality under this Act shall be made available to the public. Questions about the use of information collected in conjunction with this application should be directed to the Manager, Customer Service, (905) 615-3200 Ext. 4248, Planning & Building, City of Mississauga, 300 City Centre Drive, Mississauga ON L5B 3C1.