



# Application for an Alternative Solution

Planning and Development Services

P: 604-541-2136 | F: 604-541-2153

[www.whiterockcity.ca](http://www.whiterockcity.ca)

15322 Buena Vista, White Rock B.C. V4B 1Y6

PROJECT # \_\_\_\_\_

## PROPERTY INFORMATION

Site's Civic Address(es)	
PID(s)	
Legal Description(s)	

## OWNER INFORMATION

Name on Title of Property If company-owned, please also provide a contact name.	
Contact Name	
Mailing Address of Owner	
Main & Cell Phone Number	
E-Mail Address	

## ALTERNATIVE SOLUTION

Building Description	
Alternative Solution	
Building Code Reference	
Functional and Objective Statements	

## REQUIRED DOCUMENTS UPON APPLICATION

	Alternative Solution Report
	State of Title

**Assurance**

The undersigned hereby gives assurance that this alternative solution will provide a level of performance equal to or greater than that required by the British Columbia Building Code.

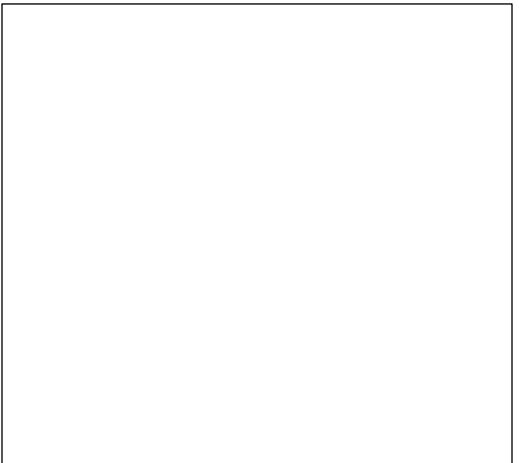
**Undertaking**

The undersigned hereby undertakes to be responsible for review of all relevant shop drawings for and for field review of the above referenced alternative solution and to submit:

- 1. Field review reports; and
- 2. A letter upon completion of this project, providing assurance that:
  - The undersigned has fulfilled his obligation for shop drawing review and field review, and
  - The alternative solution has been installed in a manner satisfactory to the undersigned as being in compliance in all material respects with the above referenced alternative solution.

**REGISTERED PROFESSIONAL INFORMATION**

Name of Registered Professional	
Firm (if applicable)	
Signature of Registered Professional	
Mailing Address	
Main & Cell Phone Number	
E-Mail Address	
Date	



*(Affix PROFESSIONAL SEAL in space above)*

<b>Internal Use (see associated fees as per current year's Fees and Charges Bylaw)</b>	
Alternative Solution Application Fee	\$
Microfiche Fee	\$
Total	\$