

DEVELOPMENT SERVICES DEPARTMENT

<http://www.co.el-dorado.ca.us/devservices>



PLACERVILLE OFFICE:

2850 FAIRLANE COURT
PLACERVILLE, CA 95 667
(530) 621-5775
(530) 622-1708 Fax
Counter Hours: 8:00 AM to 4:00 PM
bdgdept@co.el-dorado.ca.us
planning@co.el-dorado.ca.us

LAKE TAHOE OFFICE:

3368 LAKE TAHOE BLVD. SUITE 302
SOUTH LAKE TAHOE, CA 96150
(530) 573-3330
(530) 542-9082 Fax
Counter Hours: 8:00 AM to 4:00 PM
tahoebuild@co.el-dorado.ca.us

EL DORADO HILLS OFFICE:

4950 HILLSDALE CIRCLE, SUITE 100
EL DORADO HILLS, CA 95762
(916) 941-4967 & (530) 621-5582
(916) 941-0269 Fax
Counter Hours: 8:00 AM to 4:00 PM
bdgdept@co.el-dorado.ca.us
planning@co.el-dorado.ca.us

To: Permittee

Re: Alternate materials, design or methods of construction.

We have devised a form to assist in your request for the use of an alternate materials, design or method of construction. The request must be very specific to a construction project or permit number and cannot be used as a “blanket” approval.

Compliance: The codes do allow for approval of alternate method or material, provided the proposed design is satisfactory, complies with the intent of the code and at least the equivalent of the prescribed code in quality, strength, effectiveness, durability, and safety or that methods of the proposed installation conform to nationally recognized standards.

Requirements: Sufficient evidence or proof must be submitted to substantiate any claims regarding the sufficiency of any proposed material or type of construction. Testing must be done by a recognized institution or by existing test reports from recognized agencies such as but not limited to ICBO, ICC (ES reports), UL, ASTM, etc. The permit for the project must be active at the time of approval, however you may submit the request at the time of your permit application.

The Form: Indicate on the form the *subject* of your request such as installing a cross-linked polyethylene tube pipe (pex), alternate venting, alternate structural elements, etc. Include the *code requirement* you are asking as an alternative. You can specify the code edition and section(s) instead of the entire section itself.

Describe the *proposed alternate* material or installation method. Include manufacturers name and the industry name of materials being used. Attach a copy of installer certification if required by the manufacturer of the product or by a state agency. Describe the *justification(s)* for using the alternate material or method proposed such as but not limited to corrosive soil conditions or water issues, stronger or more durable, more energy saving, a construction restraint, approved products not currently available, etc. Ease of installation or cost only is not an acceptable justification.

Request Review: The request is reviewed and approved or returned with reason(s) not recommended. Be sure all sections of the form are filled in. The details of any action granting modifications shall be recorded and entered in the Building Services files. Please include a contact phone number any issue that may arise. The approval is noted on the field card for the inspector. An approved copy is available if requested and your fax number included on the form.

EL DORADO COUNTY
DEVELOPMENT SERVICES DEPARTMENT
(phone) 530-621-5315 (fax) 530-622-1708

Date received stamp

Alternate Materials, Design, and Methods of Construction Request

Permit Number: _____ Assessor's Parcel Number ____ - ____ - ____ - 100

In accordance with Section 108.7 of the 2007 CBC, CMC and CPC; and Article 89.108.7 of the 2007 CEC the undersigned requests approval of alternate materials and/or methods of construction for:

Project Name: _____

Project Address: _____

Subject of alternative (separate forms must be completed for each different item):

Code requirement (specify the code edition and applicable section):

Alternate proposed (describe material/procedure, manufacturer's name, and attach certifications):

Justification of alternate (attach copies of any reference, test reports, expert opinions, etc. if applicable):

Requested By: _____
Print name Signature

Project affiliation: Owner Contractor Architect Engineer

Request notify by Fax @ (____) ____ - _____

Contact Phone #: (____) ____ - _____

Staff Use Only

Approval: Recommended Not Recommended (see attached)

Branch Manager: _____ Date: _____

Building Official Review needed _____