ROCHESTER COMMUNITY DEVELOPMENT

Community Development Department
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REQUEST FOR ALTERNATE REVIEW OF MATERIALS OR METHODS UNDER M.R. CHAPTER 4714

Choose only one:

☐ Section 301.3 Alternative Materials and Methods

☐ Section 301.5 Alternative Engineered Design (Subject to additional data request)

Instructions: Complete all sections. Include standards, scaled drawings, product listings, engineering calculations, or any manufacturer's information to support your request. Reviews can take 2 to 4 weeks to process after receiving complete submittal. Approval is not guaranteed.

PROJECT INFORMATION

1. PROJECT NAME	DATE
PHYSICAL ADDRESS (number and street name)	ZIP
PROJECT CITY	COUNTY

2. APPLICANT NAME			COMPANY
MAILING ADDRESS			PHONE
CITY	STATE	ZIP CODE	E-MAIL

3. PROJECT OWNER NAME			COMPANY
MAILING ADDRESS			PHONE
CITY	STATE	ZIP CODE	E-MAIL

4. STATE THE CODE CITATION YOU ARE SEEKING AN ALTERNATE TO

5. INCLUDE EXPLANATION OF ISSUES, REASONS, AND DESCRIPTION OF IMPACTS ASSOCIATED WITH THE ALTERNATE REQUEST

6. EXPLAIN PROPOSED ALTERNATE AND EQUIVALENT ALTERNATIVE MEASURES (HEALTH, STRENGTH, SAFETY, QUALITY, DURABILITY, ETC.) FOR THE PROPOSED ALTERNATE TO MAINTAIN THE SAME LEVEL OF COMPLIANCE

7. SUBMIT REQUIRED RELEVANT DOCUMENTS/STANDARDS TO SUPPORT ALTERNATE REQUEST
a) Attach applicable nationally recognized Standards (ASSE, ASTM, etc.) for material and/or installation
b) Attach available 3rd party testing or listing documents of products
c) Attach the manufacturer's recommendation of materials and/or installation instructions

8. SUPPLEMENTAL INFORMATION
   a)   Attach any additional documentation, reports, plans and/or illustrations to support your request.
   b)   Attach engineering analysis when necessary and helpful for review.

9. ACKNOWLEDGEMENT
   a)   I understand the proposed alternate is not code a code approved material or method and I am requesting its use for this project only and not for any future project(s).
   b)   I declare that the information provided in this application is accurate to the bet of my knowledge.

_____   _____
SIGNATURE OF APPLICANT or PRINTED NAME if submitting online   DATE

_____   _____
SIGNATURE OF OWNER or PRINTED NAME if submitting online   DATE