Pikes Peak Regional Building Department

2880 International Circle
Colorado Springs, Colorado 80910
Telephone: (719) 327-2880

ALTERNATE MATERIALS AND METHODS APPLICATION

PLAN NUMBER: _____

PERMIT NUMBER: _____

INSTRUCTIONS:

1. Section RBC104.7 of the *Pikes Peak Regional Building Code* provides the Building Official the authority to approve any alternate material, design, or construction method if the Building Official determines the following: a) That the proposed alternate material, design, or construction method is satisfactory, and that the material, design, or method offered is, for the purpose intended, at least the equivalent of that prescribed in the Code in quality, strength, effectiveness, fire resistance, durability, and safety; b) That sufficient evidence has been submitted to substantiate any claims that may be made regarding the use of any proposed alternate material, design, or construction method.
2. Address all communications to: Deputy Building Official – Plan Review, Pikes Peak Regional Building Department (jay@pprbd.org).
3. Alternative Materials and Methods Applications that are denied by the Building Official may be submitted to the Technical Committee and Board of Review in the form of a Variance Request available at www.PPRBD.org.

$50.00 APPLICATION FEE IS REQUIRED, BILLABLE TO APPLICANT LISTED BELOW.

PROJECT NAME: _____

PROJECT ADDRESS: _____

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

CITY:_____ST:_____ZIP:_____

PHONE: (_____) _____

EMAIL: _____

Design Professional Seal

REQUEST

Identify relevant code section(s) and clearly define all alternates offered in lieu of the prescribed code requirements (attach documentation as needed):

_____

_____

_____

JUSTIFICATION

State how the alternate proposed is at least the equivalent of that prescribed in the code requirement(s) and attach supporting documentation, drawings, and reports as necessary to substantiate claims of equivalency. ***The justification must be sealed by a Colorado licensed design professional.***

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_____

(THIS SECTION IS FOR INTERNAL USE ONLY)

Staff Comments: _____

_____

_____

Staff Recommendation: ☐ Approval ☐ Disapproval Staff Initials: _____

Final Review Comments / Conditions: _____

_____

FINAL STATUS: ☐ Approval ☐ Disapproval

Approved By: _____ Date:_____

Staff Approval