

## **REQUEST FOR APPROVAL**

|   |  |               |               | Section 104.11 FBC |
|---|--|---------------|---------------|--------------------|
| TYPE OF REQUEST:  |  |               |               |                    |
| Alternative Materials   |  | Designs       | Methods       | Special Approval   |
|   |  |               |               |                    |
| ALL ITEMS TO BE FILLED IN COMPLETELY  |  |               |               |                    |
| Date of Request:  |  |               | Project Name: |                    |
| Permit #:   |  |               | Address:      |                    |
| APPLICANT STATEMENT: STATE THE REQUIREMENTS OF THE CODE FROM WHICH A USE OF   |  |               |               |                    |
| ALTERNATIVE MATERIALS AND METHODS IS SOUGHT.  |  |               |               |                    |
| Code:   |  |               | Section:      |                    |
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| STATE THE PROPOSED ALTERNATIVE TO THE CODE THAT WILL PROVIDE EQUIVALENT   |  |               |               |                    |
| PROTECTION TO THE PUBLIC:   |  |               |               |                    |
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|   |  |               |               |                    |
| Applicant   |  |               |               |                    |
| Applicant<br>Signature:   |  |               | Phone:        |                    |
| Print Name:   |  |               | Filone.       |                    |
| Fillit Inallie.   |  | ΝΟΤΕ ΤΟ       |               |                    |
| NOTE TO APPLICANT   |  |               |               |                    |
| • Please substantiate claims for alternative systems in construction. You may provide testing documentation or  |  |               |               |                    |
| proof in writing from an approved agency in support of claims when required by the Building Official.   |  |               |               |                    |
| • Any alternative material or method must be at least equal to and meet the intent of the standards for the   |  |               |               |                    |
| <ul> <li>Corresponding use intended.</li> <li>Materials and assemblies shall be tested and certified in accordance with 104.11 FBC.</li> </ul>                                |  |               |               |                    |
| <ul> <li>Materials and assembles shall be tested and certified in accordance with 104.11 FBC.</li> <li>Attach any test results received from a third party agency.</li> </ul> |  |               |               |                    |
| • Attach any te   |  | OVED WITH COM |               |                    |
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| Building Official:  |  |               | Date:         |                    |
|   |  |               | 2             |                    |

Growth Management Department | Building Inspection Division | Phone: (850)891-7125 | Fax: (850)891-0948 Location: 435 N. Macomb Street Tallahassee, FL 32301 | Mailing: 300 S. Adams Street B-28, Tallahassee, FL 32301