



APPLICATION FOR USE OF ALTERNATE MATERIALS & METHODS

POTTAWATTAMIE COUNTY, IOWA
OFFICE OF PLANNING AND DEVELOPMENT
BUILDING & SAFETY DIVISION

COURTHOUSE ANNEX
223 SOUTH 6th STREET, SUITE 4
COUNCIL BLUFFS, IA 51501-4245
TELEPHONE: (712) 328-5847
FAX: (712) 328-4731
INSPECTION REQUEST: 328-5846
WWW.POTTCOUNTY.COM

INSTRUCTIONS	<p>1. The Pottawattamie County Building Administrative Code Section 10.01.100 gives the Building Official the authority to approve the use of any alternate material, design, or construction method if the Building Official determines the following: (a) that the proposed alternate material, design, or construction method would comply with the Building, Electrical, Plumbing, or Mechanical Regulations; (b) That the proposed alternate material, design or construction method is at least equivalent to the standards prescribed in the applicable regulation in terms of suitability, quality, strength, effectiveness, fire resistance, durability, safety, and sanitation; and (c) That sufficient evidence has been submitted to substantiate any claims that may be mad regarding the use of any proposed alternated material, design, or construction method.</p> <p>2. Address all communications to: County Building Official. THIS FORM MUST BE SIGNED BY THE BUILDING OWNER OR REPRESENTATIVE.</p> <p>3. Requests to use alternate materials, design, or construction methods that are denied by the Building Official may be appealed to the Appeals Board; see 10.01.910 of the County Building Administrative Code.</p>			
INFORMATION	Project Name		Address	
	Owner's Name		Owner's Mailing Address	Zip Code
	Designer's Name		Designer's Mailing Address	Zip Code
	Contact Name		Contact Email Address	Contact Telephone No.
	Clearly define all alternates offered in lieu of the prescribed code requirements & identify relevant code section(s). Submit additional information if necessary.			Plans submitted with request. <input type="radio"/> Yes <input type="radio"/> No
REQUEST				
JUSTIFICATIONS	<p>State how the alternate(s) proposed are at least as equivalent to the prescribed requirements(s). Attach supporting documentation drawings, reports as necessary to substantiate claims of equivalency. <u>The justification must be prepared by a licensed architect or engineer.</u></p>			
	Signature of BUILDING OWNER or REPRESENTATIVE:		Printed Name:	

If additional space is required, attach separate sheet.

Number of Plan Review Hours:	Total Fees:
Approval:	Disapproval:
Date:	Date: