

Alternative Solution Application

City of Mississauga
Planning and Building
300 City Centre Drive
Mississauga, ON, L5B 3C1
Tel: (905) 896-5511
Fax: (905) 896-5638
mississauga.ca/portal/residents/permit



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Project Information

| | | | |
|--|----------------------|----------------------|---------------------------------|
| Building Number, Street Name | | Unit No. | Building Permit Application No. |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> |
| Municipality | Postal Code | Lot/Con. | Plan No./Other Description |
| <input type="text" value="City of Mississauga"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Proponent's Information

The Proponent shall have the same qualifications as the Designer's Under Div. C, Section 3.2 And Section 1.2 for those buildings that require Design And General Review by an Architect/Professional Engineer or both; of which are the minimum required for the submission of an Alternative Solution.

Proponent is:

BCIN #

☐ Professional Engineer ☐ Architect ☐ Designer

The [Schedule 1: Designer Information](#) is to be enclosed, if it is different to the one submitted with the building permit application.

| | | |
|----------------------|----------------------|----------------------------|
| Last Name | First Name | Corporation or Partnership |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Street Address | Unit No. | Telephone Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Municipality | Postal Code | Province |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | Email Address |
| | | <input type="text"/> |

Owner's Information

| | | |
|----------------------|----------------------|----------------------------|
| Last Name | First Name | Corporation or Partnership |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Street Address | Unit No. | Telephone Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Municipality | Postal Code | Province |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | Email Address |
| | | <input type="text"/> |

Description of Proposed Alternative Solution

Supporting Documentation

☐ Past Performance ☐ Tests ☐ Other Evaluations

Applicable Acceptable Solution in Division B

| Numeric Reference | Summary of Provision |
|-------------------|----------------------|
| | |
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| | |

Identification of Functional Statements/Objectives/‘Areas of Performance’

| Sentence | F.S. | Objective | Summary of ‘Areas of Performance’ |
|----------|------|-----------|-----------------------------------|
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Evaluation of Level of Performance

| Division B Provisions | Proposed Alternative Solution |
|-----------------------|-------------------------------|
| | |

Relevant Assumptions, Limiting or Restricting Factors

Additional Comments for the Proposed Alternative Solution

Declaration of Proponent and Designer

I, Proponent for the Alternative Solution, certify that:
Name

1. the information contained in this application to be true to the best of my knowledge, and
2. the proposed Alternative Solution will achieve the same level of performance required by the applicable solution in accordance with 1.2.1.1 (1)(b) of Div. A

Signature

Date

I, Designer responsible for the Building Permit Application, certify that
Name

I have reviewed the proposed Alternative Solution and agree with the above Proponent's statements.

Signature

Date

OFFICE USE ONLY

Summary of Proposal and Comments - May be provided on a separate sheet if more space is required.

Evaluation

☐

Approved

☐

Not Approved

Comments

Plans Examiner/Supervisor Name

Signature

Date

Manager Name

Signature

Date

Chief Building Official Name

Signature

Date