

Alternative Solution Application

City of Mississauga
Planning and Building
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Project Information

Building Number, Street Name	Unit No.	Building Permit Application No.	
Municipality	Postal Code	Lot/Con.	Plan No./Other Description
City of Mississauga			

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	
Street Address	Unit No.	Telephone Number	
Municipality	Postal Code	Province	Email Address

Owner's Information

Last Name	First Name	Corporation or Partnership	
Street Address	Unit No.	Telephone Number	
Municipality	Postal Code	Province	Email Address

Description of Proposed Alternative Solution

Supporting Documentation

Past Performance Tests Other Evaluations

Applicable Acceptable Solution in Division B

Numeric Reference	Summary of Provision

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

Sentence	F.S.	Objective	Summary of 'Areas of Performance'

Evaluation of Level of Performance

Division B Provisions	Proposed Alternative Solution

Relevant Assumptions, Limiting or Restricting Factors

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Additional Comments for the Proposed Alternative Solution

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Declaration of Proponent and Designer

I, [Redacted] Proponent for the Alternative Solution, cerify 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

[Large empty box for signature]

Signature

[Large empty box for date]

Date

I, [Redacted] Designer responsible for the Building Permit Application, cerify that
Name

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

[Large empty box for signature]

Signature

[Large empty box for date]

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
