



Alternate Material(s) and/or Method(s) Application

Marion County Public Works
5155 Silverton Rd NE
Salem OR 97305

Phone: (503) 588-5147 Fax: (503) 588-7948 E-mail: Building@co.marion.or.us

104.11 Alternative materials, design and methods of construction and equipment.

The provisions of this code are not intended to prevent the installation of any material or to prohibit any design or method of construction not specifically prescribed by this code, provided that any such alternative has been approved. An alternative material, design or method of construction shall be approved where the building official finds that the proposed design is satisfactory and complies with the intent of the provisions of this code, and that the material, method or work offered is, for the purpose intended, at least the equivalent of that prescribed in this code in quality, strength, effectiveness, fire resistance, durability and safety.

104.11.1 Research reports. Supporting data, where necessary to assist in the approval of materials or assemblies not specifically provided for in this code, shall consist of valid research reports from approved sources.

104.11.2 Tests. Whenever there is insufficient evidence of compliance with the provisions of this code, or evidence that a material or method does not conform to the requirements of this code, or in order to substantiate claims for alternative materials or methods, the building official shall have the authority to require tests as evidence of compliance to be made at no expense to the jurisdiction. Test methods shall be as specified in this code or by other recognized test standards. In the absence of recognized and accepted test methods, the building official shall approve the testing procedures. Tests shall be performed by an approved agency. Reports of such tests shall be retained by the building official for the period required for retention of public records.

PROJECT INFORMATION AND LOCATION

Permit or Activity Number:

Site Address:

Brief Description of Project:

PROPERTY OWNER

Name:

Phone: ()

Fax: ()

Address:

City/State/Zip

APPLICANT – (If Other Than Owner)

Name:

Phone: ()

Fax: ()

Address:

City/State/Zip

Relationship to owner:

DESCRIBE THE REASON FOR THE PROPOSED ALTERNATIVE:



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DESCRIBE WHY, HOW, ETC., THE PROPOSED ALTERNATE IS EQUIVALENT AND MEETS THE INTENT OF THE CODE IN TERMS OF "STRENGTH, EFFECTIVENESS, FIRE RESISTANCE, DURABILITY, HEALTH , AND SAFETY":

LIST SUBSTANTIATING EVIDENCE (REPORTS, STUDIES, ETC) – ATTACH COPIES OF DOCUMENTATION

I hereby request approval to use an alternate material(s) and/or method(s) from that required by code as described above.
Signed: _____ Date: _____

OFFICE USE ONLY

- Approved
- Approved with conditions
- Denied

Signed: _____ Date: _____