

## **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:	
STATE THE PROPOSED ALTERNATIVE TO THE CODE THAT WILL PROVIDE EQUIVALENT				
PROTECTION TO THE PUBLIC:				
Applicant				
Applicant Signature:			Phone:	
Print Name:			Filone.	
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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:	
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