## Alternate Designs/Methods/Materials Submittal Sheet

## ALTERNATE DESIGNS/METHODS/MATERIALS PROPOSALS Instructions

The Minnesota State Building Code provides for alternative means and methods to allow the code official to consider conditions, materials or methods not specifically addressed or allowed by the code.

"The code is not intended to prevent the installation of any material or to prohibit any design or method of construction not specifically prescribed by the 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 code, and that the material, method or work offered is, for the purpose intended, at least the equivalent of that prescribed in the code in quality, strength, effectiveness, fire resistance, durability and safety. The details of any action granting approval of an alternate shall be recorded and entered into the files of the code enforcement agency."

The code official must consider an alternate design request. It is up to the code official to determine if the proposal meets with the intent of the code and is essentially equivalent to what is prescribed in the code. The code official shall approve a proposal if it is shown to meet the criteria set forth in the code for alternates.

## Appropriately prepared "Alternative"

A completed alternate must document how the design ...complies with the intent of the code, and [how] the material, method, or work offered is...at least the equivalent of that prescribed in the code in quality, strength, effectiveness, fire resistance, durability, and safety. This must be contained in the form of a written request submitted in accordance with the following:

| A completed city of Brainerd ALTERNATE DESIGNS/METHODS/MATERIALS PROPOSALS application. Use additional sheets if needed for page 2 items, with headings similar to the form.   |
|--|
| An overview statement that summarizes the request  |
| Name of project and site address or location   |
| Specifics about the building or structure: Include type of construction, occupancy classification, number of stories, floor area, and other code features relevant to the issue.   |
| Citation and description of the specific code requirement and how it applies in this building.   |
| The negative result(s) of literally complying with the code requirement. Elaborate on each and include details regarding costs, hardships, difficulty, and impracticality of literal code compliance.                                |
| Specifics of the alternate being proposed, include plans, details and specifications if necessary.   |
| How this alternate complies with the intent of the code  |
| How this alternate material, method, or work is at least the equivalent of that prescribed in the code in quality, strength, effectiveness, fire-resistance, durability, and safety.   |
| Applicable test results, product listing, or alternate compliance standards.   |
| Signatures with dates of the design professional and the owner. The design professional must be the architect of engineer of record. However, design professionals may reference work prepared by other consultants in the proposal. |

WEB: ci.brainerd.mn.us

PH: 218-828-2307

FAX: 218-828-2316

RV1.21

EMAIL: building@ci.brainerd.mn.us

|  | Project Title  |                       | County             |                                    |  |
|--|--|-----------------------|--------------------|------------------------------------|--|
| SITE   | Project Site Address   |                       | City, Zip          |                                    |  |
| 8  | Owner  |                       | Contact Person     |                                    |  |
| OWNER  | Owner Address  |                       | Phone No( )        |                                    |  |
| 0  | City, State, Zip   |                       | Fax No()           |                                    |  |
| TOR  | Contractor   |                       | Contact Person     |                                    |  |
| CONTRACTOR   | Contractor Address   |                       | Phone No( )        |                                    |  |
| CON  | City, State, Zip   |                       | Email              |                                    |  |
| RM   | Designer   |                       | Contact Person     |                                    |  |
| DESIGN FIRM  | Firm Address   |                       | Phone No( )        |                                    |  |
| DES  | City, State, Zip   |                       | Email              |                                    |  |
| J.   | Alternative Provision design professional Is: o Owner o Designer o Contractor o Other; specify   |                       |                    |                                    |  |
| GN   | Design professional's Printed Name   |                       |                    | Design professional's Phone No(  ) |  |
| DESIGN<br>PROFESSIONAL   | Design professional's Address  |                       | Design professiona | Design professional's email        |  |
| PR   | City, State, Zip   |                       |                    |                                    |  |
| <br>Б  | Permit Number:   | Current Code Edition: | Date:              |                                    |  |
| DESCRIPTION OF<br>ALTERNATE  | Description of Alternate Design/Method/Material:   |                       |                    |                                    |  |
| Pursuant to MSBC 1300.0110, Subpart 13, I hereby apply for authorization to deviate from the standard minimum requirements of the Minnesota State Building Code by use of an alternate material, design, and/or method as described in this application. I acknowledge that information in this submittal is complete and accurate; that this is not a permit; that the work will be performed in accordance with the conditions of this authorization, the approved plans and specifications, and the Minnesota State Building Code; and, that I will cause the work to remain accessible and exposed for inspection purposes. I also acknowledge that this design alternative privilege may be revoked at any time upon evidence that the alternative construction condition has been violated in any way. |  |                       |                    |                                    |  |
| Design Professional Signature  |  |                       |                    | Date                               |  |
| Owner Signature  |  |                       |                    | Date                               |  |
|  | An alternative design, method or material must be shown to meet the intent of the code and be equivalent to the code in terms of<br>quality, strength, durability, effectiveness, fire-resistance, safety and sanitation. If these are not, or cannot be evidenced, then the |                       |                    |                                    |  |

alternate design, method or material shall not be accepted. Acceptance of this provision is not intended to represent a "variance" to minimum standards required of the code.

|                                  | Clearly identify the specific code section(s) this alternative relates to:  |                            |  |  |  |
|----------------------------------|---|----------------------------|--|--|--|
|                                  |   |                            |  |  |  |
|                                  |   |                            |  |  |  |
|                                  |   |                            |  |  |  |
|                                  |   |                            |  |  |  |
|                                  |   |                            |  |  |  |
|                                  | Identify the original intent of the code provisions identified above:   |                            |  |  |  |
|                                  |   |                            |  |  |  |
|                                  |   |                            |  |  |  |
|                                  |   |                            |  |  |  |
|                                  |   |                            |  |  |  |
| IAL                              |   |                            |  |  |  |
| TER                              |   |                            |  |  |  |
| Σ                                | Describe the elements of those provisions where an alternative is desired:  |                            |  |  |  |
| 20                               |   |                            |  |  |  |
| Ŧ                                |   |                            |  |  |  |
| ME                               |   |                            |  |  |  |
| No.                              |   |                            |  |  |  |
| SIG                              |   |                            |  |  |  |
| JO :                             |   |                            |  |  |  |
| ALTERNATE DESIGN/METHOD/MATERIAL | Identify why this specific alternative is being proposed:   |                            |  |  |  |
| ERN                              | identity with this specific afternative is being proposed.  |                            |  |  |  |
| \LT                              |   |                            |  |  |  |
| 1                                |   |                            |  |  |  |
|                                  |   |                            |  |  |  |
|                                  |   |                            |  |  |  |
|                                  |   |                            |  |  |  |
|                                  | Substantiate how the proposed alternate provides an equivalency in terms of quality, strength, effectiveness, fire re   |                            |  |  |  |
|                                  | and/or safety when compared to the specific requirement(s) of the code. (Attach additional information if necessary   | <i>(</i> .)                |  |  |  |
|                                  |   |                            |  |  |  |
|                                  |   |                            |  |  |  |
|                                  |   |                            |  |  |  |
|                                  |   |                            |  |  |  |
|                                  |   |                            |  |  |  |
|                                  | Please attach all information evidencing or demonstrating that the proposed alternate meets accepted standards, te  |                            |  |  |  |
| _                                | guidelines, or computability with conditions required by code. Engineering computations, modeling, references, assu   | mptions, factors of safety |  |  |  |
| SYNOPSIS OF DESIGN               | and data input and anticipated output should also be documented.  If Special or Third Party Inspection is required, the design professional shall specify exactly where and when said insp    | pactions are required, and |  |  |  |
| DES                              | who will be performing each required inspection. If necessary, a Special Inspections Agreement must be completed a  | •                          |  |  |  |
| P.                               | application.  |                            |  |  |  |
| SIS                              | Where building use functions or restrictions are required (e.g., yard limitations, maintenance schedules, special secu  | -                          |  |  |  |
| OP                               | periodic inspections, etc.), said conditions shall be documented with a schedule identifying the intricacies and relatio  | nships of the proposal.    |  |  |  |
| N.S                              | Copies of proposed Deed restrictions shall also be submitted for review.  The Building Department has the responsibility to review design submittal(s) for compliance with the current adopte | d codes and denartment     |  |  |  |
| 0,                               | procedures. If the Department does not have the technical expertise to make a thorough and competent review, a th   |                            |  |  |  |
|                                  | resource may be used. If so, costs associated with the review will be charged to the design professional.   | . ,                        |  |  |  |
| For Office Use Only              |   |                            |  |  |  |
| Buil                             | ding Official Approval: Permit Number:  | Date:                      |  |  |  |
|                                  |   |                            |  |  |  |
| Con                              | ditions of Approval:  | Expiration of Approval:    |  |  |  |
|                                  |   |                            |  |  |  |