



City of Santa Barbara  
 Building & Safety Division  
**CODE ALTERNATE CONSTRUCTION  
 or MATERIAL PROPOSAL**

Community Development  
 Department  
 630 Garden Street  
 805-564-5485

[A] 104.11 2016 California Building Code – The provisions of this code are not intended to prevent the installation of any material or 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.

Project Address: \_\_\_\_\_ New Case # BLD20 \_\_\_\_\_

Check One:  Residential Single Family     Residential Multi-family     Commercial     Mixed Use

Person Submitting Request: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Briefly describe the code requirement, including all applicable code section(s), that you wish to provide an alternate for: \_\_\_\_\_

\_\_\_\_\_

Briefly describe the **Code Alternate** which is being requested. Include the reason(s) for being unable to comply with the code requirements and provide any supporting documentation that may aide in the decision making process. Attach additional documents if necessary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If a Code Alternative is granted, this completed form MUST be reproduced on the plans before the permit is issued.*

<u>THIS SPACE FOR OFFICE USE ONLY</u>		Approved	Denied
Fire Department review by: _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Building & Safety review by: _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Zoning/Planning review by: _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Public Works review by: _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
FEES (A min. 1/2 hr. plan check fee is required at submittal. Additional fees may be required): \$ _____			