



CITY OF DIXON  
600 EAST A ST.  
DIXON, CA 95620-3697  
PHONE (707) 678-7000

Building Info [Building@cityofdixonca.gov](mailto:Building@cityofdixonca.gov)

## Alternative Materials and Request

Alternate Material No: \_\_\_\_\_

Please fully complete and submit **two (2)** copies of all documents, including plans showing the proposed alternate. Under the authority of the CBC, CFC, CPC, CMC, and CEC, the undersigned requests approval of alternate materials and methods of construction for:

Project Name and Address			Permit No:
Occupancy Group:	Type of Construction:	Sprinklered (Y/N):	No. of Stories:
Total Floor Area:	Floor Area Per Floor:	Tenant Floor Area:	
Describe Use:			

**Subject of Alternative** (fill out separate forms for each different item):

**Code Requirement** (specify code edition and section):

**Alternate proposed:** \_\_\_\_\_

**Justification** (attach copies of any reference, test reports, expert opinions, etc. The Building Official may require the applicant to hire a consultant to perform any necessary test(s), research and analysis and submit a full report of evaluation to the Community Development Department for consideration and approval):

**Requested by (architect or engineer must wet-stamp and sign below):**

Owner: (Print Name)	(Signature)
Architect:	
Engineer:	
Contractor:	

\_\_\_\_\_  
Contact Person's Name

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Date requested

### STAFF USE ONLY

Staff Findings:	
Staff Person/Title:	Approval Recommended (Y/N):
<b>Building Official/Fire Marshal</b> (Sign & Date):	<b>Approved/Denied:</b>