CITY OF EDINA

4801 West 50th Street, Edina, MN 55424-1394
Building Inspections Department
(952) 826-0372 FAX (952) 826-0389 TDD (952) 826-0379
www.ci.edina.mn.us

ALTERNATE DESIGN/METHOD/MATERIAL APPLICATION

SITE	Project Title		County
	Project Site address		City, Zip
OWNER	Owner		Contact Person
	Owner Address		Phone No ( )
	City, State, Zip		Fax No ( )
CONTR.	Contractor	Contractor License No	Contact Person
	Contractor Address		Phone No ( )
	City, State, Zip		Fax No ( )
DESIGN FIRM	Designer		Contact Person
	Firm Address		Phone No ( )
	City, State, Zip		Fax No ( )
APPLICANT	Alternative Provision Applicant Is: o Owner o Designer o Contractor o Other; specify		
	Applicant's Printed Name		Applicant's Phone No ( )
	Applicant's Address		Applicant's Fax No ( )
	City, State, Zip		Applicant's License No (If Applicable)
ALTERNATE	Permit Number:	Current Code Edition:	Date:
	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.

Applicant Signature	Date

See page two for required submittal of evidence for proposed alternate design

ALTERNATE DESIGN/METHOD/MATERIAL APPLICATION

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 quality, strength, durability, effectiveness, fire-resistance, safety and sanitation. If these are not, or can not 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.

ALTERNATE DESIGN/METHOD/MATERIAL	
	Clearly identify the specific code section(s) this alternative relates to:
	Identify the original intent of the code provisions identified above:
	Describe the elements of those provisions where an alternative is desired:
	Identify why this specific alternative is being proposed:
	Substantiate how the proposed alternate provides an equivalency in terms of quality, strength, effectiveness, fire resistance, durability and/or safety when compared to the specific requirement(s) of the code. (Attach additional information if necessary.)

SYNOPSIS OF DESIGN	
	Please attach all information evidencing or demonstrating that the proposed alternate meets accepted standards, testing, certification, guidelines, or computability with conditions required by code. Engineering computations, modeling, references, assumptions, factors of safety and data input and anticipated output should also be documented.
	If Special or Third Party Inspection is required, the applicant shall specify exactly where and when said inspections are required, and who will be performing each required inspection. If necessary, a Special Inspections Agreement must be completed and submitted with this application.
	Where building use functions or restrictions are required (e.g., yard limitations, maintenance schedules, special security measures, training, periodic inspections, etc.), said conditions shall be documented with a schedule identifying the intricacies and relationships of the proposal. 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 adopted codes and department procedures. If the Department does not have the technical expertise to make a thorough and competent review, a third party or other resource may be used. If so, costs associated with the review will be charged to the applicant.

For Office Use Only		
Building Official Approval:	Assigned Alternate Number:	Date:
Conditions of Approval:		Expiration of Approval: