



CUPERTINO

# ALTERNATE MATERIALS AND METHODS / MODIFICATION FORM

COMMUNITY DEVELOPMENT DEPARTMENT • BUILDING DIVISION

10300 TORRE AVENUE • CUPERTINO, CA 95014-3255

(408) 777-3228 • FAX (408) 777-3333 • [building@cupertino.org](mailto:building@cupertino.org)

- REQUEST FOR MODIFICATION OF CODE (CBC 104.10, CFC 104.8)
- REQUEST FOR ALTERNATE MATERIAL, DESIGN OR METHOD OF CONSTRUCTION (CBC 104.11, CFC 104.9)
- REQUEST FOR HARDSHIP EXEMPTION OR EQUIVALENT FACILITATION (HEALTH AND SAFETY CODE 19957)

To apply for this request, complete sections 1, 2, & 3 (ink or type)

| SITE ADDRESS                   | APN               | DATE              |
|--------------------------------|-------------------|-------------------|
| Owner .....                    | PC #: .....       | Type: .....       |
| Address .....                  | Permit #: .....   | Stories: .....    |
| <b>1</b> Email..... Phone..... | PLN #: .....      | Occupancy: .....  |
| Applicant..... Title .....     | Dept./Div.....    | Floor Area:.....  |
| Address .....                  | Job Status: ..... | Occ. Load: .....  |
| Email..... Phone.....          |                   | Use of Bldg:..... |

|          |  |
|----------|--|
| <b>2</b> | <b>REQUEST:</b> For code modifications, please state the applicable code requirement and the extent of relief desired. For alternate requests, state the type of system proposed and design methods. Submit plans if necessary to illustrate request. Additional sheets or data may be attached. |
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|          |  |
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|--|--|-------------------------------|
| <b>3</b>   | <b>JUSTIFICATION/FINDINGS OF EQUIVALENCY:</b> For code modifications, applicant shall demonstrate that special, individual reasons exist that make compliance with the strict letter of the ordinance impractical and that equivalency is provided. For alternate requests, applicant shall demonstrate suitability, strength, effectiveness, fire resistance, durability, safety and sanitation that is equivalent to the code for a similar use. | Code Section(s):              |
| Attach additional sheets if necessary.                   |  |                               |
|  |  |                               |
|  |  |                               |
|  |  |                               |
|  |  |                               |
| Petitioner's Signature: ..... Position:..... Date: ..... |  | Reviewed By: .....Date: ..... |

|  |                     |
|--|---------------------|
| The Request is: <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED | Dept. Comments:     |
| CONDITIONS OF APPROVAL:  |                     |
|  |                     |
|  | No. of Items: ..... |
|  | Fee Due: \$ .....   |
|  | Date Paid: .....    |
|  | Receipt No.: .....  |
|  | Processed by:.....  |
| Building Official: ..... Print:..... Date: .....                                 |                     |
| Fire Marshal: ..... Print: ..... Date:.....                                      |                     |

**DEPARTMENT ACTION:** After determination, copies to: 1) applicant, 2) permit file