ATTACHMENT A



## **DEPARTMENT OF BUILDING INSPECTION**

City & County of San Francisco 49 South Van Ness Ave, 5th Floor, San Francisco, California 94103

## REQUEST FOR APPROVAL OF LOCAL EQUIVALENCY FOR MODIFICATION OR ALTERNATE MATERIALS, DESIGN OR METHODS OF CONSTRUCTION

DATE SUBMITTED	[Note: This form shall be recorded as part of the permanent construction records of the property]
	ion Review Fee is required for review of a request for local em 5. Additional fees may be required by Fire Department and
If a permit application has been filed, no additional fee	s are required for this review.
Permit Application #	
Property Address:	
	Type of Construction: No. of Stories:
Describe Use of Building	
Code, Section 302.2; the San Francisco Electrical Code, 301.3; the undersigned requests modifications of the pr	

Page 9-4 1/1/2023

Proposed Modification	on or Alternate		
code and how the pro each requested modifi reports, expert opinion	of Request - Describe the practical dif- posed modification or alternate meet fication or alternate. Attach copies of ons, etc., which support this request. In the perform tests or analysis and	s the intent of the code. A separation of the code. A separation of any Administrative Bulletin. The Department may require to	arate form should be filled for Code Ruling, reference, test hat an approved consultant be
Requested by:	PROJECT SPONSOR	ARCHITECT/ENGINE	ER
Print Name:			_
Signature:			[PROFESSIONAL STAMP HERE]
Telephone:			

1/1/2023 Page 9-5

PLAN REVIEWER COMME	NTS:		
RECOMMENDATIONS: [signed off/dated by:]	Approve	Approve with conditions	Disapprove
Plan Reviewer:			
Division Manager:		<del></del>	
for Director of Bldg. Inspection:			
for Fire Marshal:			
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Page 9-6 1/1/2023