

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]

If no permit application has been filed, a Preapplication Review Fee is required for review of a request for local equivalency or modification, per SFBC Table 1A-B, Item 5. Additional fees may be required by Fire Department and other City review agencies.

If a permit application has been filed, no additional fees are required for this review.

Permit Application # _____

Property Address: _____

Block and Lot: _____ / _____ Occupancy Group: _____ Type of Construction: _____ No. of Stories: _____

Describe Use of Building _____

Under the authority of the San Francisco Building Code, Sections 104A.2.7 and 104A.2.8; the San Francisco Mechanical Code, Section 302.2; the San Francisco Electrical Code, Section 89.117; and the San Francisco Plumbing Code, Section 301.3; the undersigned requests modifications of the provisions of these codes and/or approval of alternate materials, designs or methods of construction. Two copies of supporting documents, including plans showing the proposed modifications or alternate materials, design or methods of construction, are attached.

Regular Code Requirement (specify Code and Sections)

Proposed Modification or Alternate

Case-by-Case Basis of Request - Describe the practical difficulties presented in meeting the specific conditions of the code and how the proposed modification or alternate meets the intent of the code. A separate form should be filled for each requested modification or alternate. Attach copies of any Administrative Bulletin, Code Ruling, reference, test reports, expert opinions, etc., which support this request. The Department may require that an approved consultant be hired by the applicant to perform tests or analysis and to submit an evaluation report to the Department for consideration.

Requested by:

PROJECT SPONSOR

ARCHITECT/ENGINEER

Print Name:

Signature:

[PROFESSIONAL
STAMP HERE]

Telephone:

PLAN REVIEWER COMMENTS:

RECOMMENDATIONS:
[signed off/dated by:]

Approve

Approve with conditions

Disapprove

Plan Reviewer:

Division Manager:

for Director of
Bldg. Inspection:

for Fire Marshal:

CONDITIONS OF APPROVAL or OTHER COMMENTS
