



THE UNIVERSITY OF BRITISH COLUMBIA

Campus + Community Planning

2210 West Mall • Vancouver, B.C. • V6T 1Z4
604.822.2633 • permits.inspections@ubc.ca

BP # _____

Alternative Solution Information Sheet

(In Accordance with Clause 1.2.1.1. (1)(b), of Division A, of the British Columbia Building Code 2024)

Building Address: _____

Building Name: _____

Building Number: _____ Date: _____

Alternative Solution #: _____ Title: _____

Project Description: Provide a brief description of the project, specify Major Occupancy (ies), and include applicable Construction Class Article(s) [3.2.2.____] in Division B, of **B.C. Building Code 2024**.

Please enter description here.

If more room is required please attach an additional sheet.

Note: Submission of the applicable Code Compliance and Alternative Solutions report prepared by the Registered Professional shall include a Building Code analysis related to the proposal, this sheet, and payment of the applicable review fee. The report and documentation must satisfy the requirements of **Division C, Subsection 2.3.1. of the B.C. Building Code 2024**.



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Building Code Compliance: List each **B.C. Building Code - Division B** reference where direct compliance with applicable acceptable solutions are not provided, and indicate all related **objective(s)** and functional statement(s) of the **Code**.

Please enter Building Code references, objectives and functional statements here.

If more room is required please attach an additional sheets.



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Alternative Solutions: Identify each proposed alternative solution and briefly describe the analytical method and rationale used to determine that the proposed alternative solution will achieve at least the level of performance required by **Division B** of the **B.C. Building Code 2024**, in the areas defined by the objectives and functional statements attributed to the applicable acceptable solution.

Alternative Solution #: _____ Title: _____

Please describe alternative solutions here.

If more room is required please attach an additional sheets.



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Applicant Information

Name: _____

Title: _____

Firm: _____

Signature: _____

Telephone: _____

Email: _____

AFFIX PROFESSIONAL SEAL

THIS SECTION FOR C&CP USE ONLY

☐ ACCEPTABLE*

☐ ACCEPTABLE to *
(Subject condition(s) noted below)

☐ REFUSED
(For the reason(s) noted below)

Chief Building Official: _____

Date: _____

* Registered professional of the proposed alternative solution(s) is to review all related shop drawing, provide field review and issue a signed and sealed written confirmation as part of the occupancy application.