



CITY OF PORT ORCHARD

Permit Center

Office located at 720 Prospect Street
Mailing address: 216 Prospect Street
Port Orchard, WA 98366
(360) 874-5533 • permitcenter@portorchardwa.gov

ALTERNATIVE MATERIALS, METHODS, or DESIGN REQUEST FORM

Please check with the City's Primary Contact (the Assigned Lead for this project) before submitting this request.

ALL REQUESTS MUST BE SUBMITTED TO THE PERMIT CENTER

1. PROJECT INFORMATION.	
Permit Number:	
Project Name:	
Site Address/Vicinity Location:	
Tax Assessor's ID Number(s):	
2. CONTACT INFORMATION.	
2A. Design Professional <i>(This request must be submitted by the Registered Design Professional)</i>	
Applicant's Name:	
Company Name:	
Mailing Address:	
Phone Number:	Email Address:
2B. Contractor's Information.	
Contractor's Name:	
Company Name:	
Mailing Address:	
Phone Number:	Email Address:
3. REQUEST INFORMATION.	
Discipline: <input type="checkbox"/> Building <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Other <i>(list):</i>	
Type of Request: <input type="checkbox"/> Alternate materials <input type="checkbox"/> Alternate Methods <input type="checkbox"/> Alternate design	
Has the installation been made? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has a violation been noted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this modification been discussed with an inspector or plans examiner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspector/Plans Examiner Name:	
Applicable Code / Standard: <input type="checkbox"/> IBC <input type="checkbox"/> IRC <input type="checkbox"/> IMC <input type="checkbox"/> UPC <input type="checkbox"/> Other <i>(list):</i>	

<p>Specific code section, rule, or standard:</p>
<p>This code section requires:</p>
<p>Summary of request: <i>Submit additional pages, plans, drawings, technical reports, descriptions, etc., to support your proposal. Cite document names, dates, page numbers, and details of any new or previously submitted material when referencing.</i></p>
<p>Reason for the request:</p>
<p>Alternative proposal:</p>
<p>4. SUBMITTAL REQUIREMENTS. <i>All plans and drawings must be submitted electronically. Check the Permit Center website for formatting and resolution requirements.</i></p>
<p><input type="checkbox"/> Completed Master Permit Application Owner Authorization.</p>
<p><input type="checkbox"/> Completed Alternative Methods, Materials, or Design Request. <i>(this form)</i></p>
<p><input type="checkbox"/> Additional pages, plans, drawings, technical reports, descriptions, etc. to support your proposal. <i>List documents you are including:</i></p>
<p>5. ACKNOWLEDGEMENT.</p>
<p>I certify that I am the owner's agent and have the authority to request the above stated alternate materials or methods of construction. I understand this request is subject to review and may be approved or denied in part or in whole. The City of Port Orchard's decision will be in writing and will be specific to this request, unless otherwise noted, and is based solely on the facts included with this request.</p> <p><i>The electronic signature below is equivalent to a handwritten signature and is binding for all purposes.</i></p>
<p>_____</p> <p>Signature Date</p>