

CITY OF MISSION VIEJO
Building Services Division

Please check one of the following:

_____ Request for Modifications (CBC Section 104.10)

_____ Request for Alternate Materials, Alternate Design and Methods of Construction

(CBC Section 104.11) Under the administrative authority granted by the Code(s) designated on this form, the undersigned submits evidence with a request for favorable ruling by the building official.

Project Name: _____ Permit/PC No: _____

Project Address: _____

Requested by: Architect Engineer Contractor Building Owner

Name: _____

Address: _____

Phone No: _____

For Applicant to complete only

Design Professional Seal/Signature

Code Title and Edition: _____

Subject of Alternative or Modification: _____

Alternate or Modification Proposed: _____

Justification: (Attach copies of supportive data, diagrams, analogies, etc) _____

For City Use Only

Amount Paid _____	Receipt # _____	Date _____
Approved _____	Denied _____	Date _____
_____ Building Official		

Conditions of approval:

