Alternate Method or Material Type: PUBLIC WORKS

**Subtype: NON-RESIDENTIAL** 

City of Tukwila - Permit Center 6300 Southcenter Blvd, Suite 100, Tukwila, WA 98188 Tukwila Permit Center



## **Request for Alternate Method or Material**

Permit Number:	
Site Address:	
Applicant:	Phone:
Signature:	Date:
Plans Examiner or Inspector who identified the re	equirement you are requesting an alternate for:
This is a formal request for the City of Tukwila to cor applicable codes and standards. The proposed alte safety, durability, and performance as required by the	· · · · · · · · · · · · · · · · · · ·
Section:of the	Code.
<b>ProposedAlternate:</b> (Include drawings to clearly illu	ustrate request, before and after if appropriate)
Reason for Request:	

Every effort will be made to provide a verbal interpretation within one working day upon receipt of this request. Appeals from accessibility requirements do not relieve applicant from the obligations to provide access under the Federal ADA laws.

## **Request for Alternate Method or Material**

(Staff Use Only)

Date Received:					
Evaluation of Proposal b	y Plans Examii	ner and/or li	nspector:		
Suitability:					
Strength:					
Effectiveness:					
Fire Resistance:					
Durability:					
Safety:					
Sanitation:					
Recommended Action:	Approve	Deny	by:		
Conditions:					
Additional Information on I	Proposed Altern	nate:			
Supervisor Concurrence:_				Date:	