



### ALTERNATIVE MATERIALS, DESIGN AND METHODS OF CONSTRUCTION AND EQUIPMENT

Owner/Owner's Agent: \_\_\_\_\_ Permit #: \_\_\_\_\_

Job Address: \_\_\_\_\_ OREGON CITY, OR 97045

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Pertinent Code and Section relation to the modification: \_\_\_\_\_

Describe the modification needed: \_\_\_\_\_

Explain the need for modification: \_\_\_\_\_

Explain how the spirit and intent of the building (or related) code is observed. (What is being provided in lieu of strict compliance with the code?) \_\_\_\_\_

Design professional's written opinion, if applicable: (May be separate letter with seal): \_\_\_\_\_

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BUILDING OFFICIAL'S ACTION:**

- Approved
  Approved with condition
  Approved based on design professionals opinion
  Denied

Notes: \_\_\_\_\_

Building Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_