

Evaluation of Alternative Solutions

For more information, please refer to **Alternative Solutions Guide**.

Submission must be accompanied by payment in accordance with the City of Toronto Municipal Code, Chapter 363. For fees applicable to the current year, please refer to the Toronto Building Website: http://www.toronto.ca/building/fee_schedule.htm

Project Location

Street No.	Street Name	Permit Application No.
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Owner/Designer Agent Information

First Name		Last Name	
Street No.	Street Name	Unit/Suite No.	
City/Town	Province	Postal Code	Telephone No.
E-mail Address			
This report is prepared by:			
Signature	Print Name	Date (yyyy-mm-dd)	
Qualifications:			

Summary of Proposal

<input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Building material, System or Design Evaluation

Applicable Division B Provisions (4b)

Sentence	Provision

Continue on next page.

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Previously Approved Alternate Solutions (5b)

Sentence	Provision

Objectives/Functional Statements/Areas (6b)

Sentence	F.S.	Obj.	Summary of Areas of Performance	N/A

Compare Performance Levels (7b)

Division B – (8b)	Proposed Alternative Solution – (9b)
<p>What is the minimum performance level of Division B in the areas defined by the applicable objectives and functional statements?</p>	<ul style="list-style-type: none"> • What is the performance level of the proposed alternative solution? • Does the supporting documentation adequately support this performance level?

Continue on next page.

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Documents Submitted in PDF

Documents	Description

For Office Use Only

Examiner Name:	<input type="checkbox"/> Accept <input type="checkbox"/> Reject
Justification/Conditions: <div style="display: flex; justify-content: space-between; border-top: 1px dotted black; margin-top: 20px;"> Signature Date (yyyy-mm-dd) </div>	
Manager Name:	<input type="checkbox"/> Accept <input type="checkbox"/> Reject
Justification/Conditions: <div style="display: flex; justify-content: space-between; border-top: 1px dotted black; margin-top: 20px;"> Signature Date (yyyy-mm-dd) </div>	
Referral to Alternative Solution Panel:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Referral: <div style="display: flex; justify-content: space-between; border-top: 1px dotted black; margin-top: 20px;"> Signature Date (yyyy-mm-dd) </div>	
Alternative Solution Panel:	<input type="checkbox"/> Accept <input type="checkbox"/> Reject
Justification/Conditions: <div style="display: flex; justify-content: space-between; border-top: 1px dotted black; margin-top: 20px;"> Signature Date (yyyy-mm-dd) </div>	