



## APPLICATION FOR USE OF ALTERNATE MATERIALS & METHODS

**MILLS COUNTY, IOWA  
BUILDING & SAFETY DEPARTMENT**

403 RAILROAD AVENUE  
GLENWOOD, IA 51534  
TELEPHONE: (712) 527-4347  
FAX: (712) 527-4439  
INSPECTION REQUEST: 527-4347  
WWW.MILLSCOIA.US

<b>INSTRUCTIONS</b>	<p>1. The Mills County Building Administrative Code Section 10.01.100 gives the Building Official the authority to approve the use of any alternate material, design, or construction method if the Building Official determines the following: (a) that the proposed alternate material, design, or construction method would comply with the Building, Electrical, Plumbing, or Mechanical Regulations; (b) That the proposed alternate material, design or construction method is at least equivalent to the standards prescribed in the applicable regulation in terms of suitability, quality, strength, effectiveness, fire resistance, durability, safety, and sanitation; and (c) That sufficient evidence has been submitted to substantiate any claims that may be mad regarding the use of any proposed alternated material, design, or construction method.</p> <p>2. Address all communications to: County Building Official. <b>THIS FORM MUST BE SIGNED BY THE BUILDING OWNER OR REPRESENTATIVE.</b></p> <p>3. Requests to use alternate materials, design, or construction methods that are denied by the Building Official may be appealed to the Appeals Board; see 10.01.910 of the County Building Administrative Code.</p>			
<b>INFORMATION</b>	Project Name		Address	
	Owner's Name		Owner's Mailing Address	Zip Code
	Designer's Name		Designer's Mailing Address	Zip Code
	Contact Name	Contact Email Address	Contact Telephone No.	Contact Fax No.
<b>REQUEST</b>	Clearly define all alternates offered in lieu of the prescribed code requirements & identify relevant code section(s). Submit additional information if necessary.			Plans submitted with request. <input type="radio"/> Yes <input type="radio"/> No
<b>JUSTIFICATIONS</b>	State how the alternate(s) proposed are at least as equivalent to the prescribed requirements(s). Attach supporting documentation drawings, reports as necessary to substantiate claims of equivalency. <u>The justification must be prepared by a licensed architect or engineer.</u>			
	Signature of BUILDING OWNER or REPRESENTATIVE:		Printed Name:	

**If additional space is required, attach separate sheet.**

Number of Plan Review Hours:	Total Fees:
Approval:	Disapproval:
Date:	Date: