



City of  
**Burnaby**  
Building Department  
4949 Canada Way, Burnaby, BC V5G 1M2  
Phone: 604-294-7130 Fax: 604-294-7986  
www.burnaby.ca/building

**ALTERNATIVE SOLUTION SUBMISSION  
AND SIGN OFF FORM**

**Applicant** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Code References**  
BCBC Edition: \_\_\_\_\_  
BCBC Reference: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To:** The City of Burnaby  
Building Department

**Project Address:** \_\_\_\_\_  
\_\_\_\_\_

**Alternative Solution:** \_\_\_\_\_

**Submission:** \_\_\_\_\_  
\_\_\_\_\_

Acceptance of this Alternative Solution is site specific and is not considered to establish a precedent for acceptance of similar alternative solutions on other projects. Application of these alternative solution concepts to another site will require a review at that time.

Acceptance of this Alternative Solution is subject to the following:

1. Drawing and Field review of the Alternative Solution by the undersigned.
2. Shop drawing review of the Alternative Solution by the undersigned.
3. A letter from the undersigned, upon completion of this project, confirming that the Alternative Solution has been installed in accordance with this report.

**Signature, seal and date  
by Registered Professional  
responsible for the  
Alternative Solution:**

**Name of Registered Professional responsible for the  
Alternative Solution:**

\_\_\_\_\_  
(print)

**Accepted:** \_\_\_\_\_  
Chief Building Inspector, Building Department, City of Burnaby

**CRP initial:** \_\_\_\_\_

**Acceptance Date:** \_\_\_\_\_