



Building Department 4949 Canada Way, Burnaby, BC V5G 1M2  
Telephone: 604-294-7130 Fax: 604-294-7499 www.burnaby.ca/building  
E-mail: alternativesolutions@Burnaby.ca

Application Date: \_\_\_\_\_

### APPLICATION FOR ALTERNATIVE SOLUTIONS

Building Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Legal Description: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ D.L. \_\_\_\_\_ Plan: \_\_\_\_\_

\*Applicant: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

CRP: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Developer: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred Contact: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Who will be paying the Alternative Solution(s) Fee(s) :  Applicant  Developer  Preferred Contact

\*Applicant must be the Registered Professional responsible for the Alternative Solutions.

#### ALTERNATIVE SOLUTIONS (AS) BRIEF DESCRIPTION:

AS1: _____	AS6: _____
AS2: _____	AS7: _____
AS3: _____	AS8: _____
AS4: _____	AS9: _____
AS5: _____	AS10: _____

I acknowledge that the alternative solution fee is non-refundable.

The information on this form is collected under the authority of the current Burnaby Building Bylaw and is in accordance with the Freedom of Information and Protection of Privacy Act. The purpose of the collection is to process your application for an alternative solution(s). It will be retained as a record of your application and may be used to contact the parties involved in this project. The name of the applicant, the name and address of the business associated with the application, the address to which the application pertains, and the value of the work being done may be made available to the general public. If you have any questions about the collection and use of this information, please contact the Building Department at 604-294-7130.

\_\_\_\_\_  
Applicant (Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

#### STAFF TO FILL IN

##### SUBMISSION CHECKLIST

	Yes	To Come	N/A		
Application Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New Application	<input type="checkbox"/>
Fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Revision	<input type="checkbox"/>
Sign-off Form(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Report - 1 Hardcopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Report - 1 PDF File	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Note: All of the above items must be original, signed, sealed and dated.

Building Permit #: \_\_\_\_\_

Alternative Solution #: \_\_\_\_\_