



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



Application Date: _____

ALTERNATIVE SOLUTION APPLICATION FORM

BUILDING ADDRESS:				POSTAL CODE:	
LEGAL DESCRIPTION:	LOT:	BLOCK:	D.L.:	PLAN:	
*Applicant:				Phone:	
Address:				E-Mail:	
CRP:				Phone:	
Address:				E-Mail:	
Developer:				Phone:	
Address:				E-Mail:	
Preferred Contact:				Phone:	
Address:				E-Mail:	
Who will be paying for the Alternative Solution(s) Fee(s) <input type="checkbox"/> Applicant <input type="checkbox"/> Developer <input type="checkbox"/> Preferred Contact					

*Applicant must be the Registered Professional responsible for the Alternative Solution(s).

ALTERNATIVE SOLUTION(S) (AS) BRIEF DESCRIPTION:

AS1: _____ AS2: _____ AS3: _____ AS4: _____ AS5: _____	AS6: _____ AS7: _____ AS8: _____ AS9: _____ AS10: _____
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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 COMPLETE: (Note: All of documents must be original, signed, sealed and dated.)

SUBMISSION CHECKLIST:

Application Form <input type="checkbox"/>	Report - 1 Hardcopy <input type="checkbox"/>	New Application <input type="checkbox"/>
Fee <input type="checkbox"/>	Report – 1 PDF File <input type="checkbox"/>	Revision <input type="checkbox"/>
Sign-Off Form(s) <input type="checkbox"/>		

BUILDING PERMIT: BLD	ALTERNATIVE SOLUTION: AS
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