



## ALTERNATIVE SOLUTION DETAILS

Site Address \_\_\_\_\_ BC: \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

Agent/Contact \_\_\_\_\_ Phone \_\_\_\_\_

### COMPONENT

Relevant clause(s) NZ Building Code \_\_\_\_\_

Particulars of alternative solution \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### METHOD(s) USED TO SHOW COMPLIANCE (The evidence must be attached)

Calculation By \_\_\_\_\_ Date \_\_\_\_\_

Laboratory Test By \_\_\_\_\_ Date \_\_\_\_\_

Producer Statement By \_\_\_\_\_ Date \_\_\_\_\_

Determination by DBH Determination No. \_\_\_\_\_

Evaluation of previously accepted Alternative Solution BC No. \_\_\_\_\_

Performance History \_\_\_\_\_

Other \_\_\_\_\_

### For Council use only

Reason for acceptance / refusal \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Acceptance by \_\_\_\_\_

Date \_\_\_\_\_