



CITY OF WELLAND

INTEGRATED SERVICES

NO. _____

Building Division

60 East Main Street, Welland, ON L3B 3X4

Phone: 905-735-1700 Fax: 905-735-8772

E-mail: devserv@welland.ca

www.welland.ca

ALTERNATIVE SOLUTION/OBJECTIVE BASED CODE DESIGN

Required for Submission of a Proposed Alternative Solution/Objective Based Code Design		Submitted	
		YES	NO
1	A description of the proposed <i>alternative solution</i> [Div. A, 1.2.1.1.(1)(b)]	<input type="checkbox"/>	<input type="checkbox"/>
2	Proponent(s) name, company, address, contact information	<input type="checkbox"/>	<input type="checkbox"/>
3	Designer's qualification appear on Schedule 1, or Architect or P. Eng.	<input type="checkbox"/>	<input type="checkbox"/>
4	Code Analysis (documentation under Div. C, Article 2.1.1.1.) Establish on the basis of past performance, tests described in Div. C Article 2.1.1.2., or other evaluation that the proposed <i>alternative solution</i> will achieve the level of performance required under Div. B, by way of Div. A, Article 1.2.1.1.		
A	Identification of applicable Division B provisions (acceptable solutions)	<input type="checkbox"/>	<input type="checkbox"/>
B	Identification of applicable linked pairs of <i>objectives</i> and <i>functional</i> statements	<input type="checkbox"/>	<input type="checkbox"/>
C	An evaluation of the level of performance of applicable Division B provisions	<input type="checkbox"/>	<input type="checkbox"/>
D	An evaluation of the level of performance of the proposed <i>alternative solution</i>	<input type="checkbox"/>	<input type="checkbox"/>
E	Identification of any assumptions, limiting or restricting factors	<input type="checkbox"/>	<input type="checkbox"/>
F	Identification of testing procedures, engineering studies, building performance parameters etc. to support the assessment of compliance	<input type="checkbox"/>	<input type="checkbox"/>
5	Information concerning any special maintenance or operation requirements, including commissioning, necessary for the integrity of the <i>alternative solution</i> after construction is complete	<input type="checkbox"/>	<input type="checkbox"/>
Optional Items That Would Be Helpful In The Review			
6	A list of submitted documents: These could include a concept report, calculations, fire modelling, test reports, precedents, fire scenario evaluation, alternate Codes and standards, drawings, etc.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7	A reason for the proposed alternative solution	<input type="checkbox"/>	<input type="checkbox"/>
8	A list of applicable sections of referenced documents (standards)	<input type="checkbox"/>	<input type="checkbox"/>
9	Resume of designer with details of qualifications	<input type="checkbox"/>	<input type="checkbox"/>
10	A list of other projects where a similar Alternative Solution or Building Code Commission proposal, etc. was accepted.	<input type="checkbox"/>	<input type="checkbox"/>
11	Other: (specify)	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE ONLY

Confirmation of Level of Performance of:

Division B Provisions	Proposed Alternative Solution
What is the level of performance of Division B in the "areas of performance" defined by the applicable <i>objectives</i> and <i>functional statements</i> ?	<ul style="list-style-type: none"> • What is the level of performance of the proposed <i>alternative solution</i> that is established by the applicant? • Does the supporting documentation adequately support this level of performance? • Do you agree with the established level of performance?

Evaluation:

Conditions of Approval, if any

Circulation of Accepted Alternative Solution				
Proponent		Province		Other (specify)
Chief Building Official		Central Registry		
Inspector		File		
Fire Department		Owner		
Accepted by:	BCIN:	Date:		

APPLYING THE 2006 BUILDING CODE COMPENDIUM (*OBC)

