



REQUEST FOR ALTERNATIVE MATERIALS, DESIGN AND METHODS OF CONSTRUCTION AND EQUIPMENT

333 North Rancho Drive, Las Vegas NV 89106-3703
Phone: (702) 229-6251 Fax: (702) 382-1240



Date:
CLV Project No.
Project Address:
Owner's Name:
Owner's Address:

CODE ANALYSIS:

Type of Construction:
Occupancy Classification:
Number of Stories:
Building Sq Feet:
Sprinkler/Hazard Classification:
Design Density:
Design Code(s):
Permit Number(s) to be referenced:

REQUEST:

Code and Section Affected:
Code Edition:
Code Title:
Section Number:
Section Title:
Code Requirement:

Alternate Requested:

Justification:



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Submitted by:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Telephone: \_\_\_\_\_ Fax or Email: \_\_\_\_\_

DETERMINATION (For CLV only):

Plans Examination Staff Recommendation: Approved [ ] Denied [ ]

By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Comments: \_\_\_\_\_

Plans Permit Supervisor: Approved [ ] Denied [ ]

By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Plans Permits Manager: Approved [ ] Denied [ ]

By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_



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DETERMINATION (For CLV only):

Other Recommendation:

Approved [checkbox]

Denied [checkbox]

By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fire Department:

Approved [checkbox]

Denied [checkbox]

By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Building Official:

Approved [checkbox]

Denied [checkbox]

By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_