



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: _____
