Alternative Materials and Methods Application FY2026-2027

APPLICATION FOR THE USE OF ALTERNATIVE MATERIAL, ASSEMBLY OR MATERIALS, EQUIPMENT, METHOD OF CONSTRUCTION, METHOD OF INSTALLATION OF EQUIPMENT OR MEANS OF PROTECTION

The provisions of the code are not intended to prevent the use of any material, alternate design or method of construction not specifically prescribed by the code, provided an alternate has been approved. Sufficient evidence or proof shall be submitted to substantiate any claim that may be made regarding its conformance. The Community Risk Reduction Division must make a finding that the proposed design is satisfactory and complies with the intent of the provisions of this code, and that the material, method or work offered is at least the equivalent of that prescribed in the code in quality, strength, effectiveness, fire resistance, durability and safety. All interpretations shall comply with the intent and purpose of this code and shall not have the effect of waiving requirements specifically provided for in this code.

Submittal shall include but not be limited to the following: A complete application, copies of all documents supporting the justification statement in the request, signature of the applicable "licensed" design professional, and associated permit fees. Each request, address, or building shall require a separate AMM application and should be associated with a Fire Permit which may have already been applied for or may be applied for concurrently.

Application

The undersigned hereby requests approval of the following:

Under the authority of :

2022 CFC, Section 104.10	2022 CBC, Section 104.11	2022 CMC, Section 1.2.3
2022 CEC, Section 89.102.3	2022 CPC, Section 1.2.3	

Project / Facility Information

Alternative Materials & Methods FIR #_____

Associated FIR#:_____ Associated BLD#:_____

Project Name:_____

Project Address:_____

City:_____ State:_____ Zip:_____

Cross Street:_____ Name/Bldg:_____

Applicant Information

Applicant/Agent:_____ Company: _____

Applicant/Agent Signature:_____ Date: _____

Street Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Cell #:_____ Fax:_____

Email:_____

I certify that I have read this application and state that the above information is true and correct. (We) agree to comply with all federal and state regulations, city ordinances, directives, guidelines, and all provisions required thereby to be included in this Permit are hereby incorporated herein by reference. (We) authorize representatives of City of Santa Clara to enter upon the above-mentioned property for inspection purposes. (We) agree to indemnify and hold the City, its Departments, its officers, agents, employees, officials and representatives free and harmless from and against any and all claims, losses, damages, attorneys' fees, injuries, costs, and liabilities arising from any suit for damages or for equitable or injunctive relief which is filed by a third party against the City related in any way to their operations including, but not limited to, any failure by Contractor to faithfully observe or perform any of the terms, covenants or conditions of this permit, including method and/or area of operation, or any release or discharge, or threatened release or discharge, of any hazardous material caused or allowed by the Contractor or its agents.

Applicants Name:_____ Company Represented:_____

Designer's Signature:_____ Date:_____

Describe Occupancy Use:

Request:

Subject of Alternative:

Code Requirement(s):

Specify applicable code, edition and section(s)

Alternative Proposed:

Justification:

Provide sufficient evidence to substantiate the claim of equivalency

Contact Information

Santa Clara Fire Department
Community Risk Reduction Division
1675 Lincoln St., Santa Clara CA 95050
Location: 408-615-4970 | **Email:** crrd@santaclaraca.gov

FOR OFFICE USE ONLY

ACTION: APPROVED DENIED

Fire Marshal:_____ Date:_____

BLD/ENG (if required):_____ Date:_____