

## 1-AMM-PV

## REQUEST FOR ALTERNATE DESIGN, MATERIALS & METHODS OF CONSTRUCTION

This form is used in conjunction with *DSA Procedure (PR) 23-04: Alternate Means for Photovoltaic Panel Requirements: Campus Photovoltaic (PV) Systems.* Please print or type all information or you may complete online and print for signatures. All fields must be completed. Attach additional sheets as necessary. This alternate means request is not applicable to Construction Change Directives (CCD).

1. PROJECT INFORMATION					
Name of Facility:	DSA File #: -				
Project Scope:	DSA App.#: -				
School District:	Increment # (if applicable):				
School District Mailing Address:					
City:	State:	Zip Code:			
2. CONTACT INFORMATION					
A. Facilities Director:					
Work Email:	Work Phone:				
B. Firm Architect/Engineer:					
Work Email:	Work Phone:				
C. Architect/Engineer Of Record:					
Work Email:	Work Phone:				
Electrical Engineer:					
Work Email:	Work Phone:				
3. TYPE OF REVIEW REQUESTED					
☐ Intake ☐ Lead Plan reviewer (if requested after project submittal)					
4. PURPOSE OF REVIEW REQUEST					
☐ Propose Alternate Design pursuant to PR 23-04					
Applicable Code(s) and Edition: 2022 California Energy Code					
Applicable Code Section(s): 140.10 – Prescriptive Requirements for Photovoltaic	and Battery S	Storage Systems			
5. DESCRIPTION OF EXISTING CONDITION (Add additional pages if necessary)					

## REQUEST FOR ALTERNATE DESIGN, MATERIALS & METHODS OF CONSTRUCTION

<b>6. DESCRIPTION OF REQUESTED ALTERNATE</b> (Describe the equivalency for each of the following criteria: suitability and effectiveness.)						
IDENTIFICATION OF SUPPORTING DOCUMENTATION (List all; attach copies of data.)						
☐ Existing Campus PV system capacity with degradation factors.						
☐ Equivalent Calculated Total Existing Campus Photovoltaic Direct Current Size Calculations						
☐ Completed New Building Compliance form CEC-NRCC-SAB-E						
☐ The most recent 12 months of campus utility bills associated to the campus PV System, or the annual true-up statement if issued 1 month prior to this request.						
Other:						
FOR DSA USE ONLY						
Discipline	Reviewer	Return Date	Accepted Date	Rejected Date		
Intake						
SS						
DSA Special Conditions or Restrictions:						
DOM OPECIAI CUITUITION OF NESTRICTUOTIS.						
Notes: (Add comments or rationale relating to above)						