

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

Division of the State Architect (DSA) documents referenced within this publication are available on the [DSA Forms](#) or [DSA Publications](#) webpages.

This form is used in conjunction with *DSA Procedure PR 18-01: Request for Alternate Design, Materials and Methods of Construction*. 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. For requests applicable to CCDs, attach the completed form to form *DSA 140: Application for Approval of Construction Change Document – CCD A/B*.

### 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

<b>A. Facilities Director:</b>		
Work Email:	Work Phone:	
<b>B. Firm Architect/Engineer:</b>		
Work Email:	Work Phone:	
<b>C. Architect/Engineer Of Record:</b>		
Work Email:	Work Phone:	

### 3. TYPE OF REVIEW REQUESTED

<input type="checkbox"/> Structural	<input type="checkbox"/> Fire & Life Safety
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### 4. PURPOSE OF REVIEW REQUEST

<input type="checkbox"/> Use of Alternate Materials	<input type="checkbox"/> Propose Alternate Design	<input type="checkbox"/> Alternate Method of Construction
Applicable Code(s) and Edition:		
Applicable Code Section(s):		

### 5. DESCRIPTION OF CONDITION *(Add additional pages if necessary)*

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**6. DESCRIPTION OF REQUESTED ALTERNATE** *(Describe the equivalency for each of the following criteria: suitability, strength, effectiveness, fire resistance, durability, safety and sanitation. Indicate N/A when not applicable.)*

<b>A. Suitability:</b>	
<b>B. Strength:</b>	
<b>C. Effectiveness:</b>	
<b>D. Fire Resistance:</b>	
<b>E. Durability:</b>	
<b>F. Safety:</b>	
<b>G. Sanitation:</b>	

**IDENTIFICATION OF SUPPORTING DOCUMENTATION** *(List all; attach copies of data.)*

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**FOR DSA USE ONLY**

Discipline	Reviewer	Return Date	Accepted Date	Rejected Date
SS				
FLS				
ACS				

**DSA Special Conditions or Restrictions:**

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**Notes:** *(Add comments or rationale relating to above)*

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