

**Alternate Materials, Methods or Modifications Request Form**

<b>Date Received</b>	<b>Date Completed</b>	<b>Approved:</b> Yes _____ No _____ <b>Denied:</b> Yes _____ No _____ <b>Partial Approval:</b> Yes _____ No _____
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Applicant Name:		Permit Number:	Application Date:	
Project Address:		Property Owner:		
Contact Person:	Title:	Address:		
Address:		City, State, Zip		
Phone Number:	Fax Number:	Phone Number:	Fax Number:	
Email:		Email:		

Type of Project:	Plumbing	Gas LPG NG	Backflow	Medical Gas
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Type of Request:	Alternate Materials	Alternate Methods	Modification of Code or Standard
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Applicable Code or Standard	UPC	IFGC	NFPA 54	NFPA 58	NFPA 99
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Specific Code, Section, Rule or Standard:
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**Alternate Materials, Methods or Modifications Request Form**

All data used to request an alternate material, method, or modification must directly support the proposed request without being in violation of any Public Health-Seattle King County ordinances, policies or decisions. Projects located within the City of Seattle limits shall comply with requirements applicable to the City of Seattle.

Alternate materials, methods, or modifications may be approved in part or whole or denied in part or whole.

Statement of Problem:

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Alternate Proposal:

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I certify that I am the owner or owner’s agent and have the authority to request the above stated alternate material, method, or modification. I further understand this request for review is subject to approval in part or whole or denied in part or whole. All determinations will be in writing solely based on information stated on this form and attached in supplemental information.

Signature	Title	Date
Print Name	Phone	Email

**Alternate Materials, Methods or Modifications Request Form**

Reviewed By	Chief Plumbing Inspector	Yes	No
Approved	Yes	No	
Denied	Yes	No	
Partial Approval	Yes	No	

Final Status:	Denied	Approved
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Final Status:	Partial Approval:	Notes:
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