



**TOWN OF GIBSONS**  
BUILDING DEPARTMENT  
474 South Fletcher Road  
Gibsons, BC V0N 1V0  
604-886-2274

**BP #** \_\_\_\_\_

**Alternative Solution Information Sheet – For CCC Permit Process**

(In accordance with Clause 1.2.1.1 (1)(b), of Division A, of the British Columbia Building Code)

Building Address: \_\_\_\_\_

Building Name: \_\_\_\_\_

Building Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Project Description:** Provide a brief description of the project, specify Major Occupancy(ies), and include applicable Construction Class Article(s) [3.2.2.\_\_\_\_] in Division B, of **B.C. Building Code**.

*Please enter description here.*

If more room is required please attach an additional sheet.

**Note:** Submission of applicable Code Compliance and Alternative Solutions report prepared by the Registered Professional shall include a Building Code analysis related to the proposal, this sheet, and payment of the applicable review fee. The report documentation must satisfy the requirements of **Division C, Subsection 2.3.1 of the B.C. Building Code**.

**Building Code Compliance:** List each **B.C. Building Code – Division B** reference where direct compliance with applicable acceptable solutions are not provided, and indicate all related **objective(s)** and functional statement(s) of the **Code**.

*Please enter Building Code references, objectives and functional statements here.*

If more room is required please attach an additional sheet.

**Alternative Solutions:** Identify each proposed alternative solution and briefly describe the analytical method and rationale used to determine that the proposed alternative solution will achieve at least the level of performance required by **Division B** of the **B.C. Building Code**, in the areas defined by the objectives and functional statements attributed to the applicable acceptable solution.

*Please describe alternative solutions here.*

If more room is required please attach an additional sheet.

**Applicant Information**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Firm: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

AFFIX PROFESSIONAL SEAL

**THIS SECTION IS FOR CCC USE ONLY**

Date: \_\_\_\_\_

BP # \_\_\_\_\_

**Recommendation:**☐ ACCEPTABLE☐ ACCEPTABLE  
(Subject to condition(s) noted below)☐ REFUSED  
(For the reason(s) noted below)

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\_\_\_\_\_  
Coordinating Code Consultant

AFFIX PROFESSIONAL SEAL

**THIS SECTION FOR C&CP USE ONLY**

Based on recommendation of the CCC, C&CP accepts the alternative solutions proposed. Registered professional of the proposed alternative solution(s) is to review all related shop drawing, provide field review and issue a signed and sealed written confirmation as part of the occupancy application.

Building Inspector: \_\_\_\_\_ Date: \_\_\_\_\_