



DEPARTMENT OF RESOURCE MANAGEMENT

Building Division

1855 Placer Street, Suite 102

Redding, California 96001

Phone: (530) 225-5761 Fax: (530) 245-6468

Inspection Request Line: (530) 244-5068

Web: shastacounty.gov/resource-management Email: resourcemanagement@co.shasta.ca.us

ALTERNATE MATERIALS & METHOD REQUEST

(Rev: 01-03-23)

Pursuant to Section 17923 and 17951 of the California Health and Safety Code and the Adopted codes, a building department may approve the use of alternate materials and methods not specifically prescribed in the code. The Building Official may approve such alternate, provided there is evidence that the alternate is found to be at least the equivalent of that prescribed by the code in suitability, strength, effectiveness, fire resistance, durability, safety, and sanitation.

The Property Owner and/or Contractor shall defend, hold harmless and indemnify Shasta County, against all claims, suits, actions, costs, expenses (including but not limited to reasonable attorneys fees of County Counsel and counsel retained by County, expert fees, litigation costs, and investigation costs), damages, judgments or decrees by reason of any person's or persons' bodily injury, including death, or property being damaged do to the use and installation of the alternative material or method.

Project: _____ Permit #: _____

Project Address: _____ APN: _____

Proposed Alternate: _____

Code Section(s): _____

Justification of Equivalence:

**Justification of Equivalence can include manufacturer's approvals, testing, certifications, and technical data. For specific materials that require special training include documentation of the training. (Attach additional information as needed)*

I am [] the property owner [] a California licensed contractor [] a Design Professional or [] an Agent:

Print Name: _____ Date: _____

Signature: _____

*Contractor information is always required when a product requires specific industry training.

----- BOTTOM PORTION FOR COUNTY USE ONLY -----

Approved

Denied

Comments: _____

Division Manager Signature

Date