City of Tempe Community Development Building Safety PO Box 5002 Tempe, AZ 85280 480-350-4311 www.tempe.gov

REQUEST FOR MODIFICATION / ALTERNATE MATERIALS DESIGN OR METHOD OF CONSTRUCTION



Date	Đ:		
Project Name:		DS#	
Proj	ect Address:		
App	licant Address:		
City		State Zip	
App	licant's Relationship to Project:		
App	licant's Email Address:		
Applicant Phone:			
Atta	nch Request with AT LEAST the following	g information:	
1)) Specify the code, code section and the prescriptive requirements related to this request.		
2)	State special individual reasons why conformance with prescriptive requirements is impractical.		
3)	Describe the proposed modification or alto	ternative.	
4)	Explain how the proposed modification or alternative is equivalent to the prescriptive requirements of the code and how it will not lessen health, accessibility, life and fire safety, or structural code requirements. Describe how is it at least the equivalent of that prescribed in the technical codes for quality, strength, effectiveness, fire resistance, durability and safety.		
5)	Attach supporting documents, tests result	ts, research reports, etc.	
6)	6) Include the applicable fee from the current fee schedule as shown in Appendix A, Tempe City Code.		
	Applicant Signature	Applicant Title	
or O	fficial Use Only:		
	APPROVED	RESIDENTIAL REQUEST	
	APPROVED WITH STIPULATIONS	COMMERCIAL REQUEST	
	DENIED	☐ PAID	
	MOD. NO		
	 Date	Building Official	