



ALTERNATIVE SOLUTION DETAILS

Site Address _____ BC: _____

Owner _____ Phone _____

Agent/Contact _____ Phone _____

COMPONENT

Relevant clause(s) NZ Building Code _____

Particulars of alternative solution _____

METHOD(s) USED TO SHOW COMPLIANCE (The evidence must be attached)

Calculation By _____ Date _____

Laboratory Test By _____ Date _____

Producer Statement By _____ Date _____

Determination by DBH Determination No. _____

Evaluation of previously accepted Alternative Solution BC No. _____

Performance History _____

Other _____

For Council use only

Reason for acceptance / refusal _____

Acceptance by _____

Date _____