



City of Henderson
Building and Fire Safety Department
240 Water Street P.O. Box 95050
Henderson, Nevada 89009-5050

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REQUEST FOR ALTERNATE METHODS

BAMM T200

PROVIDES EQUIVALENCY

APPROVED

DISAPPROVED

Date: _____
Project Name: _____
Project Address: _____
Owners Name: _____
Owners Address: _____

INTRODUCTION:

Type of Construction: _____ Occupancy Classification: _____
Number of Stories: _____ Size of Building: _____ square feet
Sprinkler - Hazard Classification: _____ Design Density: _____
Permit Number(s) to be referenced: _____

REQUEST:

Code and Code Section Affected:

Code Edition: _____ Code Title: _____
Section Number: _____ Section Title: _____

Code Requirement:

Alternate Being Requested:

REQUEST FOR ALTERNATE METHODS

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JUSTIFICATION: (Provide supporting data, technical reports, data sheets, modeling, calculations, sketches, drawings, etc. Attach as separate sheets as necessary)

SUBMITTED BY: (If prepared by a registered professional provide a "wet seal")

Signature Date

Name Title

Company Name:

Company Address:

Company Telephone: Fax:

Owner's (Authorized Representative) acknowledgement of this request:

Signature Date

Name Title

Company Name:

Company Address:

Company Telephone: Fax:

DETERMINATION: (Mark check box on page one)

Reviewed By:

Name Title Date

Conditions of approval
