

STATE OF CALIFORNIA  
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
DIVISION OF CODES AND STANDARDS

APPLICATION FOR ALTERNATE APPROVAL  
(EMPLOYEE HOUSING)

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**NOTE:** Submit application in triplicate, together with three copies of substantiating data or plans to the enforcement agency having jurisdiction. Application fee of \$25 for each request, payable to the Division of Codes and Standards, shall accompany each application.

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Pursuant to provisions of the Health and Safety Code, I hereby make application for an alternate approval of the following:

- 1) Name of Project: \_\_\_\_\_  
Address/Location: \_\_\_\_\_
- 2) Owner: \_\_\_\_\_  
Address: \_\_\_\_\_
- 3) Specific description of product and/or installation and use: \_\_\_\_\_  
\_\_\_\_\_
- 4) Data (plans, specifications, etc.) submitted herewith: \_\_\_\_\_  
\_\_\_\_\_ (list and attach)
- 5) Evidence of local agency approvals, if required: \_\_\_\_\_  
\_\_\_\_\_ (list and attach)
- 6) Synopsis of Employees' views: \_\_\_\_\_  
\_\_\_\_\_ (attached)
- 7) Applicant: \_\_\_\_\_ Firm: \_\_\_\_\_  
Name Title  
Address: \_\_\_\_\_  
Street City State Zip Telephone Number

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I understand that in order for an alternate to be approved, it shall be at least the equivalent of that prescribed by the Health and Safety Code and related regulations in quality, strength, effectiveness, fire resistance, durability, safety, and for the protection of life and health.

This application is made with the understanding that the alternate may or may not be approved, without refund of fee, and that if approved, such approval may be revoked or conditions thereof modified for just cause. Applicant agrees to furnish additional substantiating data when considered necessary by the Division of Codes and Standards.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

ENFORCEMENT AGENCY OR AREA SUPERVISOR:

PLEASE FORWARD WITH YOUR COMMENTS OR RECOMMENDATIONS TO:

DIVISION OF CODES AND STANDARDS  
P.O. BOX 1407  
SACRAMENTO, CA 95807-1407