



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 MBIE Determination Number _____

Evaluation of previously accepted Alternative Solution BC Number: _____

Performance History _____

Other _____

For Council use only

Reason for acceptance / refusal: _____

Acceptance by: _____ Date: _____