



## 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: \_\_\_\_\_