



Land Use Services Department Building & Safety Division

Application for Alternate Materials & Methods of Design and Construction Residential Foundation Design / Soil Classification

PROJECT ADDRESS:		PERMIT NUMBER:					
PETITIONER (Print Name): Relation to the project (check one): <input type="checkbox"/> Architect of Record <input type="checkbox"/> Engineer of Record <input type="checkbox"/> Designer of Record <input type="checkbox"/> Owner <input type="checkbox"/> Contractor Street Address: Daytime Phone: () -		STRUCTURE INFORMATION Use: Occupancy Class: Construction Type: No. of Stories: Fire Sprinklered: Yes <div style="text-align: right;">No</div>		Architect/Engineer seal & signature (when required)			
Email (Please print):		Alternate Contact Name & Phone Number:					
REQUEST: Provide a brief description of the alternate material or method being proposed. (You may attach additional documentation if necessary, but this section must be completed)							
Request to conduct a site specific soils classification with a site visit in lieu of preparing a preliminary soils							
Investigation per 2016 CRC Section 401.4.							
Code Section(s):		Issue(s):					
JUSTIFICATION: Explain how the alternate meets the intent of the applicable code sections while maintaining equivalent protection in suitability, strength, effectiveness, fire resistance, durability, safety and sanitation (as applicable). Include any relevant practical difficulties for strict compliance. (You may attach additional documentation if necessary, but this section must be completed)							
I am a licensed design professional in the State of California.							
I have visually inspected the soils at the project site and have determined the soils classification to be: <ul style="list-style-type: none"> <input type="checkbox"/> Clay, sandy silty clay, clayey silt, silt and sandy siltclay (CL, ML, MH and CH). <input type="checkbox"/> Sand, silty sand, clayey sand, silty gravel and clayey gravel (SW, SP, SM, SC, GM and GC). <input type="checkbox"/> Sandy gravel and/or gravel (GW and GP). <input type="checkbox"/> Sedimentary and foliated rock. <input type="checkbox"/> Crystalline Bedrock. (Reference 2016 CRC Table R401.4.1) 							
Based on my visual inspection and soils classification, I propose the following maximum structural design values: soil bearing pressure = 1500psf, lateral passive pressure = 150psf/ft, soil friction coefficient = 0.25.							
Minimum footing size shall be per 2016 CRC Section R403.1.1.							
Continuous footings shall have a minimum of 1-#4 rebar, continuous top and bottom.							
Slab shall have a minimum reinforcement of #3's @ 24" O.C., or 6x6-1.4/1.4 wire mesh conforming to ASTM A185.							
The site is located in a non-geological hazard zone and expansive soils and liquefaction are not present on site.							
Petitioner's Signature:		I	Title:	I	Date:	/	/



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PROJECT ADDRESS: _____		PERMIT NUMBER: _____	
<i>FOR STAFF USE ONLY</i>			
Assigned to: _____	Project Status:	Staff Recommendation:	
Staff Signature: _____	<input type="checkbox"/> Preliminary Design	<input type="checkbox"/> Approve Request as Stated	
Date: ____/____/____	<input type="checkbox"/> Plan Review	<input type="checkbox"/> Approve Request with Conditions	
	<input type="checkbox"/> Under Construction	<input type="checkbox"/> Deny Request as Stated	
	<input type="checkbox"/> Construction Complete		
Building & Safety Staff Comments:			
Building & Safety Conditions of Approval/Reasons for Denial:			
Determination of Building Official: _____		<input type="checkbox"/> Approve Request as Stated	
Date: ____/____/____		<input type="checkbox"/> Approve Request with Conditions	
Authorized Signature		<input type="checkbox"/> Deny Request as Stated	