



**SUBJECT: Building Department Instructions for Submitting  
Alternate Methods (Provides Equivalency)**

**APPROVAL DATE:**

**QUESTION / ISSUE:** During the course of design or construction of a project it may be requested that another method of design or method of construction not specifically prescribed by the technical codes be considered as an equivalent to the prescribed codes.

**CODE PROVISIONS:** The North Carolina Administrative Code, as adopted by the City of Winston-Salem, authorizes the Building Official to approve alternate methods provided that the proposed method or operation satisfactorily complies with the intent of the code and that the method of work performed or operation **is at least equivalent to that prescribed in the technical codes in quality, strength, effectiveness, fire resistance, durability and safety.**

**PROCEDURE:** The applicant must completely fill out a “Request for Alternate Methods” form. The applicant shall be the Design Professional (i.e. architect, engineer, etc.), the owner, a lessee, or a duly authorized representative as required by Building Department. The information provided shall include the code requirement(s), the proposed alternate(s), and the justification for the request. The applicant shall provide all supporting data, technical reports, product data sheets, drawings, sketches, computer modeling, calculations, etc. that substantiate and justify the request. The information provided shall be “project specific”. The fact that an alternate method was approved for one project does not guarantee its “blanket” acceptance for all projects. Each submittal shall be evaluated on the conditions and merits of the request for the specific project.

Once the Building Department receives this information, an Inspector will review it for completeness and will determine whether the request is ***previously approved*** (i.e. - similar or identical to a previous request) or ***unique*** (i.e. - never been asked before).

If the request is ***unique***, the Inspector will present the request to the property authority, either at the next scheduled staff meeting or in a special impromptu meeting depending on the time constraints of the applicant and the project schedule. This will allow inspector along with the necessary Building Inspection personnel to be informed of each request and its outcome by way of either direct involvement or meeting minutes.

It is most common that these types of requests occur during construction, after permits have been issued. However, in the event that a “Request for Alternate Methods” is submitted during the design stages, prior to accepting plans and issuing permits, the final “accepted” request should be included with the permit drawings, either by reference or by copy directly onto the plans, depending on the actual timeframe.

**RECORD KEEPING:** Once the final decision is made, the request shall be signed with a copy to be returned to the applicant. Explanation(s) of refusal or condition(s) of acceptance as applicable shall be clearly indicated.



City of Winston-Salem Inspections Division  
100 E. First Street, Suite 328  
Winston-Salem, NC, 27101  
Tel 336.727.2628  
Fax 336.727.2792

## REQUEST FOR ALTERNATE METHODS

### PROVIDES EQUIVALENCY

APPROVED

DISAPPROVED

DATE: \_\_\_\_\_  
PROJECT NAME: \_\_\_\_\_  
PROJECT ADDRESS: \_\_\_\_\_  
OWNERS NAME: \_\_\_\_\_  
OWNERS ADDRESS: \_\_\_\_\_

### INSTRUCTION

TYPE OF CONSTRUCTION: \_\_\_\_\_ OCCUPANCY CLASSIFICATION: \_\_\_\_\_  
NUMBER OF STORIES: \_\_\_\_\_ SIZE OF BUILDING: \_\_\_\_\_ SQUARE FEET: \_\_\_\_\_  
SPRINKLER – HAZARD CLASIFICATION: \_\_\_\_\_ DESIGN DENSITY: \_\_\_\_\_  
PERMIT NUMBER(S) TO BE REFERENCED: \_\_\_\_\_

### REQUEST

CODE EDITION: \_\_\_\_\_ CODE TITLE: \_\_\_\_\_  
SECTION TITLE: \_\_\_\_\_ SECTIONS NUMBER: \_\_\_\_\_  
CODE REQUIREMENT: \_\_\_\_\_

ALTERNATE BEING REQUESTED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# REQUEST FOR ALTERNATE METHODS

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

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**SUBMITTED BY:** If prepared by a registered professional provide a “wet Seal”.

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<b>NAME</b>	<b>TITLE</b>
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COMPANY NAME: \_\_\_\_\_  
COMPANY ADDRESS: \_\_\_\_\_  
COMPANY TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**Owner or Authorized Representative’s acknowledgement of request**

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<b>NAME</b>	<b>TITLE</b>
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COMPANY NAME: \_\_\_\_\_  
COMPANY ADDRESS: \_\_\_\_\_  
COMPANY TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

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**DETERMINATION ( Mark check box on page one)**

**Reviewed By:**

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<b>NAME</b>	<b>TITLE</b>	<b>DATE</b>
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**Conditions of approval**

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