

<p>Hakim Bayyoud Director</p> <p>Lonnie Hamilton, III Public Services Building 4045 Bridge View Drive, Room A311 North Charleston, SC 29405-7464</p>	 <p>CHARLESTON COUNTY SOUTH CAROLINA</p> <p>BUILDING INSPECTION SERVICES</p>	<p>Administration 843.202.6940 Fax: 843.202.6954</p> <p>Inspections and Contractor Licensing 843.202.6930 Fax: 843.202.6936</p>
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Alternate Materials and Methods

A request for alternate materials, design and methods of construction and equipment may be made for products or designs which are not addressed by the provisions of the Building Codes. The requests must be prepared by a South Carolina licensed architect or engineer and must include the following:

1. A detailed description of the request, including all supporting information pertinent to the request, including but not limited to a description of the project/structure for which the request is submitted, occupancy classification, construction type, number of stories, area, etc.;
2. All applicable codes, editions, and sections as they pertain to the request;
3. Supporting research reports and/or tests from ICC, ICC-ES, or other recognized entities showing the equivalency of the materials/methods proposed;
4. Please submit request in writing and attach all supporting documentation.

The Building Inspection Services Director shall review and approve or disapprove the request in writing.

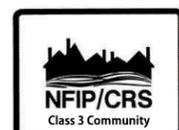
If approved, the document will be forwarded to the plans review staff, where it will be recorded and entered in the Special Conditions section of the project file as part of the approved construction document.

The project will then continue with full plan review.



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Charleston County Building Inspection Services

Alternate Materials and Methods Request

Project Name: _____

Project Address: _____

Owner Name: _____

Mailing Address: _____

E-mail: _____

Designer Name: _____

Mailing Address: _____

E-mail: _____

Request: (Attach additional pages if needed)

ATTACH ALL JUSTIFICATION DOCUMENTS

Signature: _____

Printed Name: _____ Date: _____

OFFICE USE ONLY BELOW THIS LINE

Approval Signature: _____ Date: _____

Disapproval Signature: _____ Date: _____



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