



ALTERNATIVE SOLUTION
Letter of Professional Certification of Compliance

To: Manager of Permits and Inspections
 Permits and Inspections Department, District of West Vancouver

Date		Permit Number BP		
Project Address				
Project Name				
Legal Description	Lot	Block	D/L	Plan
Alternative Solution Title and Reference Number			Report Date	
Specific Building Code References				

The undersigned has reviewed plans and specifications for the above-noted project, and conducted field reviews relative to the Building Code Alternative Solutions described in our report.

The sole purpose of our reviews has been to determine whether these alternative solutions have been installed as intended and as described in the report. We have not reviewed the working drawings or conducted site reviews for any other purpose.

These Alternative Solutions have now been completed and installed in a satisfactory manner. Therefore, we give our assurance that the Building Code Alternative Solutions, as mentioned in our report, have been provided as intended for this project.

Name: _____
 (Please print)

Signed: _____

Company Name: _____ (Affix professional seal)

Address: _____

Phone: _____

E-Mail: _____

Freedom of Information and Protection of Privacy Act: personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and the Community Charter and will be used for the purpose of processing the Alternative Solution Certificate of Compliance Form. If you have any questions about the collection, use or disclosure of this information, please call the Legislative Services Department at 604-921-3497.