

**CITY OF ONTARIO**  
**Building Department**



**Application for Modification under CBC Sec. 104.10**

**Application for Alternate Material, Design, or Construction under CBC Sec. 104.11**

Plan Check No.: \_\_\_\_\_

Date: \_\_\_\_\_

Please print legibly or type

Project Name and Address:	
Owner:	Telephone (include area code):
Petitioner Name-Title (print): _____	Telephone (include area code):
Signature of Petitioner:	

**REQUEST:**

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Pertinent Code Sections: \_\_\_\_\_

**JUSTIFICATION** (Attach additional supporting document as you may wish):

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Request and Justification reviewed by: \_\_\_\_\_  
Plan Reviewer Signature

Date \_\_\_\_\_

**DEPARTMENT ACTION:**

( ) Approved ( ) Denied by \_\_\_\_\_

Date \_\_\_\_\_

Fire Department Concurrence\* by \_\_\_\_\_

Date \_\_\_\_\_

\* Required only for projects reviewed by Fire Department, i.e. H and A occupancies, etc.

**CONDITIONS OF APPROVALS:**

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