



ALTERNATE METHOD RULING Application

Community Development Department - Building Division
 305 Main Street, Klamath Falls OR 97601
 Phone: (541) 883-5121 #1
 Fax: (541) 885-3644 Web: www.klamathcounty.org

| (5) OFFICE USE ONLY | |
|---|--------------------|
| Permit No: _____ | |
| Admin Fee Pd (\$86 minimum): <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card | |
| Receipt No: _____ | Date Pd: _____ |
| Received By: _____ | Approved By: _____ |

Please Print Legibly

(1) INSTRUCTIONS

This form may be used in place of a written memorandum and supporting documentation. You may attach supporting materials when you submit this application.
Questions? Please refer to OAR 918-008-0075, 918-008-0080, 918-008-0095, and our Web site for more information.

(2) PETITIONER INFORMATION

Owner/applicant name: _____ Phone: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Job site address: _____

City: _____ State: _____ ZIP: _____

Tax lot no.: _____

(3) DESCRIBE ALTERNATE METHOD REQUESTED

Please explain your rationale for requesting an alternate method ruling. Note any scientific or technical information that supports your reasoning. Attach additional sheets as necessary:

_____ Print name _____ Date _____ Signature

(4) OFFICIAL USE ONLY (Not valid until signed)

| | |
|---|---|
| Building Official: _____ <small style="margin-left: 100px;">Print Name</small> | <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| Signature: _____ | Date: _____ |