ALTERNATE METHOD RULING Application

Community Development Department - Building Division
305 Main Street, Klamath Falls OR 97601
Phone: (541) 883-5121 #1 or (800) 378-1304 #1
Fax: (541) 885-6756 Web: www.co.klamath.or.us

(5) OFFICE USE ONLY	
Permit No:	
Admin Fee Pd ($86.00 minimum):	
☐ Cash ☐ Check ☐ 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:

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Print name	Date	Signature of owner/authorized agent

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

Building Official: _____
Print Name

Signature: _____ Date: _____

☐ Approved ☐ Denied

_____