



APPLICATION FOR APPROVAL OF ALTERNATIVE TO SOILS INVESTIGATION

(Applicable to additions 500 s.f. or less and limited to one story)

Project Address: _____

Legal Description: _____

Owner: _____

Contractor: _____

Architect/Engineer: _____

Project Description:

Will the proposed construction match the existing structures as to footing depth, width and reinforcement?

Yes No

Are there signs of failure in the existing structure?

Yes No

The maximum foundation design pressure will be _____ PSF.

The minimum concrete compressive strength will be _____ PSI at 28 days of curing.

The footing will have minimum reinforcement of: _____ at top and _____ at bottom.

The minimum depth of the footing, below undisturbed ground surface will be _____ inches.

Minimum width of footing shall be _____.

Based upon the above described conditions, I hereby request that these be considered as equivalent to the level of structural safety that would be achieved by providing a soils investigation and following the recommendations of the soils engineer in the design of the proposed structure.

Signature

Date

Print Name

Approved: _____ Date: _____