



# INNOVATIVE CONSTRUCTION, RENOVATION, OR CONSTRUCTION AND RENOVATION PROJECT WAIVER REQUEST

NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES  
LIFE SAFETY AND CONSTRUCTION UNIT  
SFN 61666 (10/2021R)

**INSTRUCTIONS:** Complete one form for each waiver you are requesting. All questions require a response to be deemed complete. Additional documentation may be attached to this form. The Department reserves the right to deny or terminate a waiver. You are responsible for ensuring compliance with other state laws, federal certification requirements or accrediting standards and assume any risk associated with lack of compliance that may be caused by the granting of the waiver.

Name of Facility		Email Address	
Street Address	City	State	ZIP Code

1. Which state law or rule would you like waived?	
2. What actions have you taken to meet the requirement and why is the waiver necessary?	
3. Explain the "innovative" aspects of the proposed project.	
4. Describe how the waiver or lack of compliance would benefit your facility, patients, residents, employees, and the community.	
5. Provide evidence to support why the requested waiver would not adversely affect the health and safety of patients, residents, employees, or the general public.	
6. Describe actions that will be taken by the facility to monitor and assure the health and safety of the patients, residents, employees, or the general public are not adversely affected if the request for a waiver to the requirement is approved.	
Signature of Authorized Representative:	Date:

### FOR OFFICE USE ONLY

Comments	SEND THIS COMPLETED FORM TO:  Life Safety & Construction ND Department of Health & Human Services 1720 Burlington Dr, Ste A Bismarck, ND 58504-7736
Signature	