INNOVATIVE CONSTRUCTION, RENOVATION, OR CONSTRUCTION AND RENOVATION PROJECT WAIVER REQUEST
HEALTH AND HUMAN SERVICES
LIFE SAFETY AND CONSTRUCTION UNIT
SFN 61666 04-2026

Facility Name_____

Email Address_____

Street Address_____

City _____ State_____ Zip_____

Which state law or rule would you like waived?

What actions have you taken to meet the requirement and why is the waiver necessary?

Explain the “innovative” aspects of the proposed project.

Describe how the waiver or lack of compliance would benefit your facility, patients, residents, employees, and the community.

Provide evidence to support why the requested waiver would not adversely affect the health and safety of patients, residents, employees, or the general public.

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

Signature _____

Date _____

Send this completed form to
Health and Human Services
Life Safety and Construction
1720 Burlington Drive, Suite A
Bismarck, ND 58504-7736