



**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
FACILITIES DEVELOPMENT DIVISION**

**RECEIVED**

OFFICE USE ONLY	
<b>Project #</b>	<b>Increment #</b>
<b>AMC -</b>	

**Alternate Method of Compliance**

**Facility**

Project # \_\_\_\_\_

Facility # \_\_\_\_\_ Facility Name \_\_\_\_\_

OSHPD Building # BLD - \_\_\_\_\_ Building Name \_\_\_\_\_

Type of Facility     Acute Psychiatric Hospital             General Acute Care Hospital     Skilled Nursing or Intermediate Care Facility  
 Correctional Treatment Center             Licensed Clinic

**Record Detail**

Record/Project Name \_\_\_\_\_

Detailed Description \_\_\_\_\_

**Application Specific Information – Alternate Method of Compliance**

Applicant Tracking Number \_\_\_\_\_

Submittal Type     Alternate Method of Compliance             Design Criteria             Unreasonable Hardship (complete Application for Unreasonable Hardship Exception)  
 Alternate Method of Protection             Program Flexibility

Description of Proposal \_\_\_\_\_

Reason \_\_\_\_\_

**Applicable Codes**

California Building Standards Code Year:     2013             2016             2019

Code:     CAC             CBC             CEC             CFC             CMC             CPC             Other

Code Section: \_\_\_\_\_

**Enclosures**

Number of Copies	Enclosure Type	Number of Copies	Enclosure Type
_____	Design Program	_____	Site Data Reports
_____	Equipment Anchorage Calculations	_____	Specifications
_____	Geotechnical Reports (for Buildings and Additions)	_____	Structural Calculations
_____	Letter of Authorization	_____	Testing, Inspection and Observation Program (TIO)
_____	Plans	_____	Other _____
_____	Project Schedule		



## Alternate Method of Compliance

### OFFICE USE ONLY

#### OSHPD RECOMMENDATIONS

OK NO N/A Remarks

Architectural Date

Electrical Date

FLSO Date

Mechanical Date

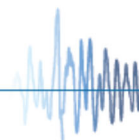
Structural Date

#### OSHPD APPROVAL

Approved  Conditional Approval  Denied

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_





## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

### INSTRUCTIONS FOR ALTERNATE METHOD OF COMPLIANCE (OSH-FD-126)

This form must be accompanied by a Project Information form [OSH-FD-100](#).

#### Facility

- Enter the Office of Statewide Health Planning and Development (OSHPD) project number.
- Enter the OSHPD facility identification number.
- Enter the name of the facility as it appears on the facility license.
- Enter the OSHPD building number and building name where the work is to be performed.
- Indicate the type of facility as it is licensed.

#### Record Detail

- Enter the record/project name.
- Enter a detailed description of the work to be performed.

#### Application Specific Information – Alternate Method of Compliance

- Provide an applicant tracking number, if applicable.
- Indicate the type of Alternate Method of Compliance being submitted. If an Unreasonable Hardship is being requested, an Application for Unreasonable Hardship Exception to Accessibility Requirements OSH-FD-800 must be submitted.
- Provide a description of the proposal.
- Provide a reason the alternate is being requested.

#### Applicable Codes

- Enter the year, code, and section of code that the alternate applies to.

#### Enclosures

- Indicate the number of copies enclosed in the space provided, next to the applicable enclosure type.

***For construction in [Northern California](#),  
Seismic Review and Clinics, submit to:***

Office of Statewide Health Planning and Development  
Facilities Development Division  
2020 W. El Camino Ave., Suite 800  
Sacramento, CA 95833  
(916) 440-8300 phone  
(916) 324-9188 fax

***For construction in [Southern California](#), submit to:***

Office of Statewide Health Planning and Development  
Facilities Development Division  
355 South Grand Avenue, Suite 1900  
Los Angeles, CA 90071  
(213) 897-0166 phone  
(213) 897-0168 fax

