Non-Material Alteration (NMA) Change Form NMA Number: **Facility ID Number: Client Document Name:** Issue Date: **Facility Name and Address: HCAI/OSHPD Project Name and Number:** Subject of NMA Change: ☐ Contractor RFI **Attached Drawings/Sketches:** ☐ Field Condition □ Owner Request □ DPOR Revision □ OIL Resolution **Description of NMA Change:** If NMA is clearing outstanding item(s), provide details. **HCAI/OSHPD Concurrence and Date: AOR/EOR Stamp and Signature:** Only required if not attaching drawings/sketches. Check the Type of Non-Material Alteration Change this NMA Represents – Reference CAC Section 7-153(b): 1. Substitutions of equipment, products, or materials without increasing loads to mechanical, plumbing, electrical systems, or increasing lateral or gravity loads. 2. New details that are referenced standards or preapproved details or based on other approved reference standards or preapproved details. Reference to the approved details must be shown. 3. Final routing configurations of ducts, conduits, pipes, etc., where shown diagrammatically on the approved plans. 4. Dimensional changes to rooms that do not affect code required minimum dimensions, fixed dimensions, minimum room or space requirements and required clearances. 5. Relocation of doors, windows, electrical switches and outlets, plumbing fixtures, etc., without code implications. 6. Cabinetry relocation or reconfiguration without code implications. **Design Professional of Record** By my signature below, I acknowledge that the documents for the submittal type above have been reviewed and have been found to be in conformance with CAC Section 7-153(b) and the design of the project. Signature of Architect or Engineer in Responsible Charge Date: