



**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION  
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 \_\_\_\_\_  
 HCAI 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		



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**HCAI RECOMMENDATIONS**

OK NO N/A Remarks

Architectural Date

Electrical Date

FLSO Date

Mechanical Date

Structural Date

**HCAI APPROVAL**

Approved  Conditional Approval  Denied

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

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



## DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION FACILITIES DEVELOPMENT DIVISION

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

This form must be accompanied by a Project Information form **HCAI-FD-100**.

#### Facility

- Enter the Department of Health Care Access and Information (HCAI) project number.
- Enter the HCAI facility identification number.
- Enter the name of the facility as it appears on the facility license.
- Enter the HCAI 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 HCAI-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:***

Department of Health Care Access and Information  
Facilities Development Division  
2020 West El Camino Avenue, Suite 800  
Sacramento, CA 95833  
(916) 440-8300 Phone  
(916) 274-0102 Fax

***For construction in Southern California, submit to:***

Department of Health Care Access and Information  
Facilities Development Division  
355 South Grand Avenue, Suite 1900  
Los Angeles, CA 90071  
(213) 897-0166 Phone  
(213) 217-8511 Fax