Construction Variance Request Form

Rhode Island Department of Health
3 Capital Hill, Providence RI, 02908

Note: (1) A separate variance request form must be submitted for *each* construction guideline or FGI Guidelines requirement for which a variance is requested; (2) all information pertaining to this variance request must be contained in the form to allow the variance determination to be made without the need to refer to other plan review documentation.

Facility Type:

☐ Existing Licensed Facility
☐ Exisiting Licensed Additional Premise/Branch
☐ Proposed New or Relocated Facility
☐ Proposed New or Relocated Premise/Branch

Facility Name:	License Number: (if applicable)
Facility Type: (e.g., hospital, nursing home, etc.)	Address: (including zip code)

I hereby request that the Rhode Island Department of Health grant a variance for the regulation and/or requirement:

Regulation/FGI Guidelines Number: _____

Relevant Text of Regulation/FGI Guidelines Requirement:

Describe what is proposed, in lieu of compliance with the regulation/requirement:

Please provide a detailed explanation of how meeting the regulatory requirement will cause undue hardship, including but not necessarily limited to, an explanation of anticipated cost implications associated with compliance.

Please provide a detailed explanation of how approval of the variance a) will not impact the ability to provide appropriate patient/resident care and, b) will not jeopardize/affect patient or resident health and safety.

Project Contacts

Licensee/Applicant's Contact Person	Architect's Contact Person
Name:	Name:
Title:	Title:
Licensee/Applicant:	Firm:
Telephone:	Telephone:
Email:	Email:
	RI Registration number:
	RI Certificate of Authorization Number:

For RIDOH Use Only

The variance identified above is approved, approved with conditions, or denied as indicated below

Evaluated by: _____ __/__/__

☐ **Approved** ☐ **Approved with Conditions** ☐ **Denied**

Variance Approval Conditions or Reasons for Denial:

_____

_____

_____

_____

Note: This variance may be evaluated during on site visits by RIDOH staff at the facility. The Department reserves the right to revoke the variance approvals if deficiencies are cited that indicate that the waivers adversely affect patient or resident health and safety.