



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

Provide a Reverse Phase Schedule

Milestone	Start Date	Completion Date
Occupancy		
Equipment Anchorage		
Tenant Improvements		
Structural Frame		
Foundation and Underground Utilities		
Order Steel		
Excavation and Mass Grading		
Contractor and Major Subs On Board		
Owner Signs-off Program – No Further Changes		
Geotechnical Report Submitted		
Entitlements Obtained		
Project Scope and Design Finalized		

Applicant

Printed Name _____ Title _____ Phone _____
Signature _____ Date _____

OFFICE USE ONLY

Request Granted

Request Denied

Remarks _____

OSHPD Assigned Staff:

Senior Architect: _____

Senior Mechanical: _____

Senior Electrical: _____

Senior Structural: _____

Fire and Life Safety Officer: _____

Reviewed by _____ Title _____

Signature _____ Date _____





OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

INSTRUCTIONS FOR REQUEST FOR INTEGRATED REVIEW (OSH-FD-122)

Facility

- 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

- Enter type of review type.
- Enter the kind of project.
- List all proposed increments.
- Enter the construction cost

Additional Information Checklist

- Attach a separate piece of paper to include the information on the checklist.

Reverse Phase Schedule

- Provide an estimated reverse phase schedule using the template provided, or one similar, and utilizing a realistic time frame.

Applicant

- Indicate if this application is being submitted by the Administrator, Architect, Facility Representative, or the Legal Owner, and print, sign and date.

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

Office of Statewide Health Planning and Development
Facilities Development Division
400 R Street, Suite 200
Sacramento, CA 95811
(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
700 North Alameda Street, Suite 2-500
Los Angeles, CA 90012
(213) 897-0166 phone
(213) 897-0168 fax

