



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION

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Table with 2 columns: Project #, Increment #
Row 1: Project #, Increment #
Row 2: BP #

Application for Building Permit

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

Application Specific Information - Building Permit

Construction Performed By (check one)
Licensed Contractor
State of California Contractor's License Number Class Expiration Date
First Name M.I. Last Name
Organization Name
Street Address
Address Line 2
City State Zip Code
Phone Phone 2 Fax

CALIFORNIA LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor or Authorized Agent's Name
Signature Date

Owner/Builder

OWNER-BUILDER DECLARATION

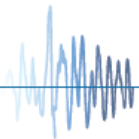
I hereby affirm under penalty of perjury that I am exempt from the Contractors State License Law for the following reason(s) indicated below by the checkmark(s) I have placed next to the applicable items(s) below: (Sec. 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he/she is licensed pursuant to the provisions of the Contractors State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he/she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars [\$500].).

Please check all that apply for the following:

- I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.)
I am exempt under Section: Building and Professions Code for this reason:
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a contractor(s) licensed pursuant to the Contractor's State License Law.)

By my signature below I acknowledge that, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following website: http://www.leginfo.ca.gov.

Signature of Legal Owner or Authorized Agent Date





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Application for Building Permit

Application Specific Information – Building Permit

Worker’s Compensation Coverage

WORKERS’ COMPENSATION DECLARATION (Section 3800, Labor Code):

WARNING: FAILURE TO SECURE WORKERS’ COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY’S FEES.

I hereby affirm under penalty of perjury **one** of the following declarations:

Exempt: I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers’ compensation laws of California, and agree that, if I should become subject to the workers’ compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Insured through Carrier: I have and will maintain workers’ compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers’ compensation insurance carrier and policy number are:

Policy # _____ Insurance Carrier _____ Expiration Date _____

Insurance Agent Name _____ Insurance Agent Phone _____ Copy Attached

Self-insured: I have and will maintain a certificate of consent to self-insure for workers’ compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Certificate # _____ Copy Attached

Applicant’s Signature _____ **Date** _____

Costs

Cost Type Estimated
 Contract

Construction Costs

(excluding fixed equipment, imaging equipment, design fees, inspection fees, and off-site improvements)
Note: For SB 1838 projects, this amount must not exceed \$50,000

\$ _____

Fixed Equipment Costs

(sterilizers, chillers, boilers, etc., excluding installation)

\$ _____

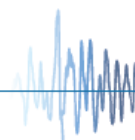
Cost of Imaging Equipment

(X-ray, MRI, CT Scan, etc., excluding installation cost)

\$ _____

Note: See Instructions for Fee Information

Reason





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

BUILDING PERMIT

This permit shall be posted.

Facility Building Permit

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 _____

PERMIT EXPIRES IF AUTHORIZED WORK IS NOT COMMENCED WITHIN ONE YEAR AFTER OBTAINING THE WRITTEN APPROVAL OF CONSTRUCTION DOCUMENTS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR FOLLOWING ITS COMMENCEMENT.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances, rules, regulations and state laws relating to building construction, and with any and all conditions of permit. I hereby authorize representatives of the OSHPD to enter upon the above-identified property for inspection purposes.

Printed Name _____ Authorized Agent Legal Owner
Signature _____ Date _____

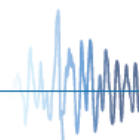
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Project # _____ Increment # _____
BP # _____

Permit issued on _____

By _____
Regional Compliance Officer, Office of Statewide Health Planning and Development

Special Conditions





OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

INSTRUCTIONS FOR APPLICATION FOR BUILDING PERMIT (OSH-FD-302)

This form should be submitted following plan approval or in conjunction with an SB-1838 or AB-2632 project.

Note: Permit expires if authorized work is not commenced within one year after obtaining the written approval of construction documents, or work is suspended or abandoned for a period of one year following its commencement.

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.

Application Specific Information – Building Permit

- Indicate if the construction is to be performed by a Licensed Contractor **or** Owner/Builder. If by a Licensed Contractor, provide the State of California Contractor's License Number, class, expiration date, Enter the contact information for the contractor responsible for this project. Include the license number, name, organization name, street address, city, state, zip code, phone number, fax number and email address. Contractor or Authorized Agent's name, and sign and date. If by the Owner/Builder, indicate which subsequent selections apply and sign and date. If indicating exemption under a section from the Building and Professions Code, cite the section and provide a reason.
- Indicate the applicable worker's compensation coverage and sign and date. If insured through a carrier, provide the policy number, insurance carrier, expiration date, insurance agent name and phone number, and attach a copy of the policy certificate. If self-insured, provide the certificate number and attach a copy of the certificate of consent to self-insure. A certificate of insurance is required for each building permit application.

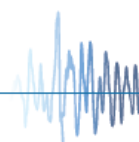
Costs

- Select whether the costs indicated are estimated or contract.
- Enter the construction cost of the project excluding fixed equipment to be permanently attached (electrically, mechanically or structurally) to the building, imaging equipment, design fees, inspection fees, and off-site improvements. For SB 1838 projects, this amount must not exceed \$50,000.
- Enter the cost or value of fixed equipment (items that are permanently affixed to the building or permanently connected to a service distribution system that is designed and installed for the specific use of the equipment), excluding installation costs.
- Enter the total costs (the combined total of construction costs and fixed equipment costs, excluding imaging equipment).
- Enter the cost or value of imaging equipment (X-ray, MRI, CT Scan, etc.), excluding installation cost.

Fee Information:

General Acute Care Hospital fees shall be 1.64% of the estimated construction cost, including fixed equipment. Imaging equipment shall be 0.164% of the estimated cost or value.

Skilled Nursing Facility fees shall be 1.5% of the estimated construction cost, including fixed equipment.





**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
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**INSTRUCTIONS FOR APPLICATION FOR BUILDING PERMIT (continued)
(OSH-FD-302)**

Facility Building Permit

Note: The Building Permit expires if authorized work is not commenced within one year after obtaining the written approval of construction documents, or work is suspended or abandoned for a period of one year following its commencement.

- Provide the OSHPD project number, facility number and name.
- Provide the name of the Authorized Agent or Legal Owner, their signature, date and indicate which has signed for the building permit.

Once signed by the OSHPD Regional Compliance Officer, the last page of this application shall serve as the Building Permit and must be displayed.

***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

