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ABP #

### Application for Annual 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

#### Record Detail

Record/Project Name \_\_\_\_\_  
Detailed Description \_\_\_\_\_

#### Application Specific Information – Annual Building Permit

**THIS ANNUAL PERMIT IS ISSUED TO THE ABOVE NAMED FACILITY FOR THE EXECUTION OF MINOR NON-MAINTENANCE AND REMODELING PROJECTS NOT TO EXCEED FIFTY THOUSAND DOLLARS (\$50,000.00) PER FISCAL YEAR (JULY 1<sup>ST</sup> - JUNE 30<sup>TH</sup>) FOR GENERAL ACUTE CARE AND ACUTE PSYCHIATRIC HOSPITALS, AND TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00) PER FISCAL YEAR FOR SKILLED NURSING FACILITIES.**

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 \_\_\_\_\_

#### OFFICE USE ONLY

##### OSHPD APPROVAL

Permit issued on \_\_\_\_\_

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

Signature \_\_\_\_\_

Special Conditions \_\_\_\_\_





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

### INSTRUCTIONS FOR APPLICATION FOR ANNUAL BUILDING PERMIT (OSH-FD-306)

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

**Note:** It is not necessary to apply for an Annual Building Permit unless you plan to submit a construction project during the fiscal year (July 1<sup>st</sup> – June 30<sup>th</sup>). If you do apply for an Annual Building Permit and do not submit a project within the fiscal year, the permit fee is not refundable or transferable.

An Application for Inspector of Record form OSH-FD-124 must accompany this application.

#### 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 – Annual Building Permit

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

#### Fee Information:

General Acute Care Hospital and Acute Psychiatric Hospital fees shall be \$500.00. This fee covers \$50,000.00 of estimated construction costs. If the cost of the project/s constructed under the Annual Building Permit exceeds \$50,000.00, an additional fee of 1.64% of the estimated construction cost above the \$50,000.00 will be assessed.

Skilled Nursing Facility fees shall be \$250.00. This fee covers \$25,000.00 of estimated construction costs. If the cost of the project/s constructed under the Annual Building Permit exceeds \$25,000.00, an additional fee of 1.5% of the estimated construction cost above the \$25,000.00 will be assessed.

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

