



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

FACILITIES DEVELOPMENT DIVISION – www.oshpd.ca.gov/fdd

400 R Street, Suite 200 ~ Sacramento, California 95811

700 N. Alameda Street, Suite 2-500 ~ Los Angeles, California 90012

Phone (916) 440-8300

Phone (213) 897-0166

FAX (916) 324-9188

FAX (213) 897-0168

Application for Extension / Delay in Compliance

A	Facility Information:				OFFICE USE ONLY
	Facility ID #:	Name of Facility:			
	Street Address:	Phone:		OSHPD #:	
		Fax:			
	City:	County:	Zip:		
	Applicant Information:				OSHPD RECEIPT STAMP
	Print Name:		Title:		
	Signature:			Date:	
	Who is to be known as: <input type="checkbox"/> Legal Owner / Administrator				
	<input type="checkbox"/> Agent for the Legal Owner / Administrator (authorization must be attached)				
Address:					
City:	State:	Zip:			
Phone:	Fax:	Email:			
Legal Owner:					
Print Name:					
Mailing Address:					
City:	State:	Zip:			
Phone:	Fax:	Email:			
Name of Facility Representative / Administrator:					
Print Name:					
Address:					
City:	State:	Zip:			
Phone:	Fax:	Email:			
B	Fee Submittal:				
Filing Fee..... <u>\$250.00</u>					
Method of Payment:					
<input type="checkbox"/> Send Invoice to: <input type="checkbox"/> Administrator <input type="checkbox"/> Legal Owner <input type="checkbox"/> Agent for Legal Owner / Administrator <input type="checkbox"/> Check – Made payable to OSHPD <input type="checkbox"/> Credit Card					
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express					
Account Number:			Expiration Date:		
Cardholder Signature:					



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INSTRUCTIONS

Application for Extension / Delay in Compliance (OSH-FDD-384)

Do not write in shaded Office Use Only areas on this application.

- A Enter the Office of Statewide Health Planning and Development (OSHPD) facility identification number, if unknown leave blank. Enter the name of the facility as it appears on the facility license. Enter the facility street address, city, county, zip code, phone number and fax number.

Provide applicant information, print name, the title of the person signing, sign and date. Check the box indicating if the applicant is the legal owner / administrator, or the agent. If signed by the agent for the legal owner / administrator, the authorization must be attached to this application. Enter the applicant's address, city, state, zip code, phone number, fax number and email address.

Enter the name of the legal owner, address, city, state, zip code, phone number, fax number and email address,.

Enter the name of the facility representative / administrator, address, city, state, zip code, phone number, fax number and email address. Copies of all correspondence will be sent to the facility representative / administrator. If a facility representative / administrator address is not entered, copies of all correspondence will be sent to the facility address as indicated on the license, to the attention of the Facility Administrator.

Plans returned for correction or stamping will be sent to the Architect or Engineer in responsible charge of the project as indicated in Section F.

- B Fee - The fee for simultaneous submittal for an Extension / Delay in Compliance under SB 2006 or SB 499 is \$250.00 (nonrefundable). If the requests for SB 2006 or SB 499 are submitted separately, an additional nonrefundable fee of \$250 is required for each submittal. All fees, plans and reports shall be submitted by the applicant to OSHPD's Facilities Development Division at the following address:

Office of Statewide Health Planning & Development
Facilities Development Division – Hospital Seismic Retrofit Program
400 R St., Room 200
Sacramento, California 95811

The applicant will be billed for the costs of all Seismic Evaluation and Compliance Plan review and approval performed by OSHPD at OSHPD's actual cost for engineering and architectural review. These costs will be credited when the construction documents for the compliance work are submitted to OSHPD. The credit will be in the form of a deduction from the total cost for review of the construction documents by the amount paid by the applicant for review and approval of the Seismic Evaluation Report and Compliance Plan.

A hospital requesting an exemption pursuant to SB 2006 shall pay the actual expenses incurred by OSHPD and the Division of Mines and Geology for review. The hospital will be billed for these costs upon final approval of the request.

- C Title of project – check whether the application includes a SB 2006 or SB 499 submittal.
- D Indicate the Building Name and Building Number (as previously assigned by OSHPD) that you are requesting extension for.
- E Indicate the documents enclosed on application form.
- F For each discipline, provide the name of the individual in responsible charge of the project, his / her registration number, an alternate person to contact, his/her registration number, the address, phone number, city, state, zip code and fax number for the firm. Additionally, check the box for the discipline, which is in general responsible charge of this project.