

**OSHPD**



**EXPEDITED BUILDING  
PERMIT FOR WALL-  
MOUNTED HANDRAIL  
REPLACEMENT**

**How to Guide Series**

**FOR SINGLE STORY  
WOOD FRAME  
SKILLED NURSING  
FACILITIES &  
INTERMEDIATE  
CARE FACILITIES  
(OSHPD 2 Buildings)**

**A Companion  
Document to the  
OSHPD FREER  
Manual**

**December 2015**

# EXPEDITED BUILDING PERMIT FOR WALL-MOUNTED HANDRAIL REPLACEMENT

The Expedited Building Permit Guides are companion documents to the OSHPD Field Review, Exempt, and Expedited Review (FREER) Manual and are intended as general reference guides and/or checklists to facilitate repair, maintenance, minor renovation/remodeling, or installation of certain equipment projects.

The Expedited Building Permit Guides are intended only for single-story OSHPD 2 Skilled Nursing Facilities (SNFs) and Intermediate-Care Facilities (ICFs) that are of wood frame construction and excluded from the definition of Hospital Building in the California Administrative Code (CAC) Article 2, Section 7-111.

The use of this Expedited Building Permit Guide is made available for use at the discretion of the facility owner. The OSHPD does not mandate the use of the Expedited Building Permit Guide for any condition. Use of project-specific design and construction documents prepared by a California licensed design professional in lieu of using the Expedited Building Permit Guide is always acceptable, and in some cases, may be required.

This Expedited Building Permit Guide gives no consideration to suitability for use in a specific application, compatibility with other building systems, appropriate use of materials or design, appearances, etc. The facility owner and/or his/her authorized agent shall review all such qualities, features, and/or properties to ensure compliance with the California Building Standards Code and all applicable local codes and ordinances, appropriate integration with other building systems, and proper design for the project-specific conditions and installation, etc.

While not mandatory, the OSHPD recommends the facility have a California licensed architect or engineer, or a California licensed contractor assist in the review of the code compliance checklist herein below. In this manner the facility will have a better understanding of the scope of work that may be required for a code-compliant project prior to beginning the work.

## HANDRAIL REPLACEMENT

**Replacement of handrails requires a Building Permit** but may be exempt from the plan review process in accordance with Health & Safety Code (H&SC) Section 129875. Simple replacement of a handrail in qualifying OSHPD 2 SNFs and ICFs may be considered exempt from plan review, if certain criteria are met. This Expedited Building Permit Guide presents those criteria in a checklist format for general assessment of the specific project conditions. Replacement of a handrail without a permit is subject to an investigation fee, submittal of a project to the Office for plan review, demolition and/or rework of defective non-code complying work, etc. in accordance with the California Administrative Code, Title 24, Part 1, Section 7-128 *“Work performed without a permit.”*

The facility owner or his/her authorized agent should review this checklist with the **OSHPD Compliance Officer** to determine program eligibility, to assess the specific project conditions and determination of possible approaches to the application, review, permitting, and construction process. Possible approaches include, but are not limited to:

**Replacement with Minor Work** – For relatively simple replacement of a wall-mounted handrail, where minor modifications (no structural work beyond that which are provided in this guide or shown on OSHPD Preapproved Details (OPDs), repairs, or remedial work is necessary to bring the existing building into compliance with current code, the facility may have the work performed by its maintenance staff or by a California licensed contractor.

**Replacement with More than Minor Work** -- For more involved replacement of a wall-mounted handrail, where modifications, repairs or remedial work is necessary to bring the building into compliance with current code (such as structural work beyond that shown on details in this guide, or OPDs), the facility shall involve a Design Professional. Where this work is of sufficiently limited scope, field review by the OSHPD Compliance Officer can be used, or it may qualify for review by the Office Rapid Review Unit (RRU), or it may qualify for an over-the-counter review by the Regional Architectural & Engineering Unit.

**Determination of Eligibility** – Determination of eligibility and appropriate permitting process is the responsibility of the OSHPD Regional Compliance Officer. Facilities are encouraged to work with their OSHPD Compliance Officer prior to assuming eligibility or an approach to permitting. The intent of this Guide is to provide a general reference for the enforcement of code requirements for replacing a wall-mounted handrail in single story, wood framed Skilled Nursing Facilities or Intermediate Care Facilities (OSHPD 2 SNFs or ICFs). Eligible projects are limited to replacement of existing handrails provided in level patient traffic corridors in skilled nursing and intermediate care facilities. Handrails and/or guard rails associated with stairs or ramps are not eligible for permitting under this guide and require the involvement of a Design Professional.

**Inspections** – The approved Inspector of Record (IOR) shall inspect the work. Interim inspection will be required when walls, ceilings or other construction materials will cover the finished work. Any deficiencies, identified through inspection, shall be corrected before use of the handrail is permitted. A “Construction Final” issued by the Compliance Officer is required prior to use of the handrail. Responsible parties shall file verified compliance reports in accordance with the requirements of the Testing, Inspection, and Observation (TIO) Program. *(See Appendix A)*

**Manufacturer's written installation instructions.** The installation shall comply with the manufacturer's written installation instructions. The installer (facility's maintenance staff/contractor) shall leave or submit to the Compliance Officer the manufacturer's installation instructions in a location on the premises where they will be readily available for reference and guidance for the IOR, OSHPD, service personnel and the owner or operator.

## **New Project/Building Permit Application Requirements**

- Step 1.** Verify that the project is eligible for this program. Consultation with the OSHPD Compliance Officer is recommended.
- Step 2.** Download and print the Expedited Building Permit Guide and complete the **Wall-mounted Handrail Replacement Code Compliance Checklist** beginning on page 8 of this Guide and complete the **Application for New Project/Building Permit** beginning on page 8 of this Guide. These documents may be filled-in manually or electronically.
- Step 3.** Prepare a plan/sketch showing the location(s) of where the Handrail will be installed.
- Step 4.** Print two (2) complete sets of the entire package (the “How to” Guide with completed checklist and applications, and the plan/sketch), sign and date where required, and mail or deliver to:

***For construction in Northern California, 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

**Upon issuance of the building permit for the project by the OSHPD Regional Compliance Officer, you may submit a construction start letter and begin replacement of the handrail.**

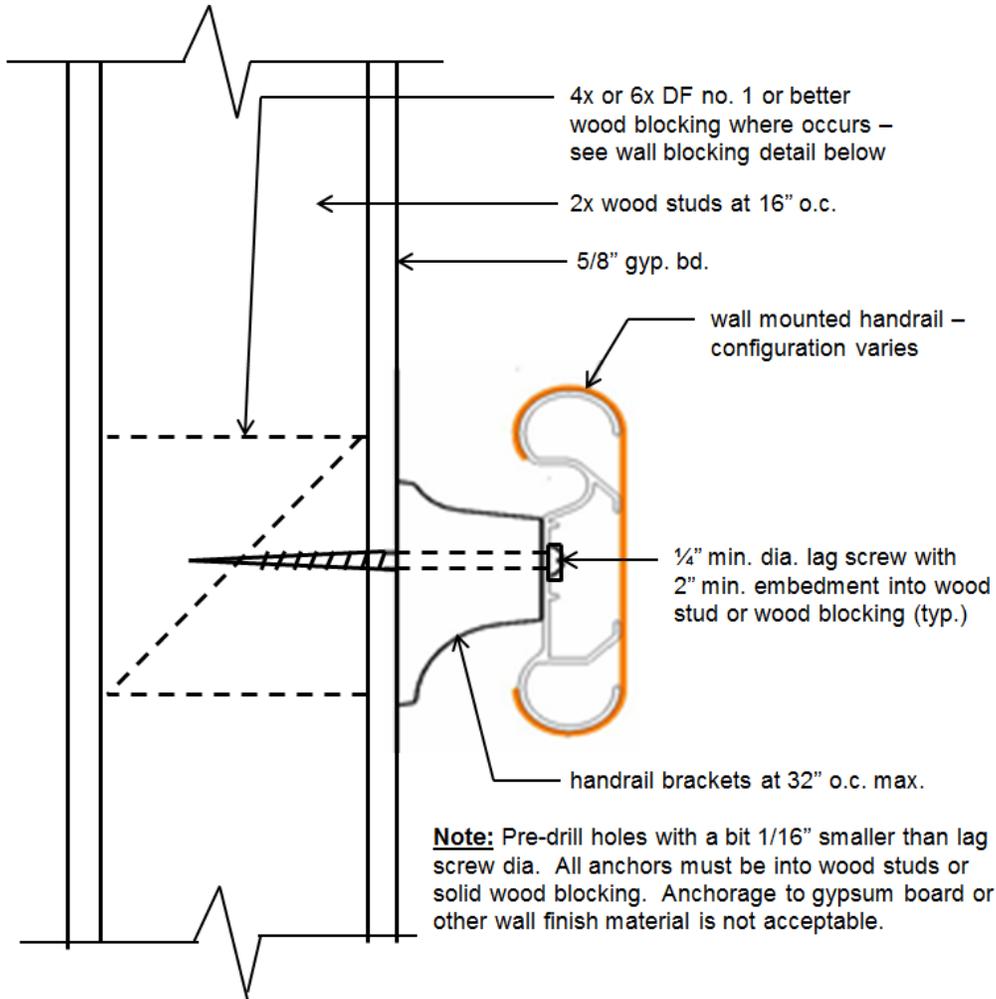
## WALL-MOUNTED HANDRAIL REPLACEMENT CODE COMPLIANCE CHECKLIST

**NOTE:** The Compliance Officer will field verify compliance with this checklist and additional work may be required to bring the installation into code compliance if found to be deficient.

PROJECT DESCRIPTION	Compliance		
	Yes	No	NA
1. Is the Handrail Replacement project located in a single-story Skilled Nursing or Intermediate Care Facility building of wood-frame construction?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the project only for replacement of a wall-mounted handrails?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the Estimated Construction Cost or Contract Amount exceed \$50,000?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is a sketch of floor plans and wall elevations indicating area(s) of work and location(s) where the handrails are to be replaced provided?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are the details for installation similar to those provided in this Guide? (To be verified by the OSHPD Compliance Officer for applicability.)	<input type="checkbox"/>	<input type="checkbox"/>	
GENERAL REQUIREMENTS			
6. <b>Contractor.</b> Will work be performed by a contractor licensed by the California Contractors State License Board?	<input type="checkbox"/>	<input type="checkbox"/>	
REPLACEMENT HANDRAIL INSTALLATION REQUIREMENTS			
7. Are the walls supporting the handrails full-height studs connected at top by ceiling or roof framing members and anchored at the floor/slab?  <b>Note:</b> This program may not be used for installation of handrails to walls that are not full height from floor to ceiling. Wall mounting should have a maximum 5/8" thick drywall.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Will the handrails project horizontally from either side of a corridor more than 3½" into the required width of an exit access corridor? (Corridors serving patient areas require an exit width of 8 feet.). (Section 1012.8, 2013 CBC)	<input type="checkbox"/>	<input type="checkbox"/>	

REPLACEMENT HANDRAIL INSTALLATION REQUIREMENTS		Compliance		
		Yes	No	NA
<p><b>9.</b> Handrails must comply with the accessibility provisions of the 2013 CBC. Verify the following provisions are met:</p> <p>(a) Handrail</p> <p>(b) Handrail</p> <p>(c) Handrail</p> <p>(d) Handrail</p>		<input type="checkbox"/>		
<b>9.a</b>	Are the top of handrail gripping surfaces between 30" minimum and 36" maximum vertically above walking surfaces? (Section 1224.4.7.4, 2013 CBC)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>9.b</b>	Is the clearance between handrail gripping surfaces and adjacent surfaces 1 1/2" minimum? Where provided, is there a minimum clearance of 1 1/2" below the bottom of the handrail gripping surface to any horizontal projection? (Section 11B-505, 2013 CBC)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>9.c</b>	Are the handrail gripping surfaces continuous along their length and obstructed for not more than 20% of their length? (Section 11B-505, 2013 CBC)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>9.d</b>	Are handrail gripping surfaces and any surfaces adjacent to them free of sharp or abrasive elements and do the handrails have rounded edges? (Section 11B-505, 2013 CBC)	<input type="checkbox"/>	<input type="checkbox"/>	

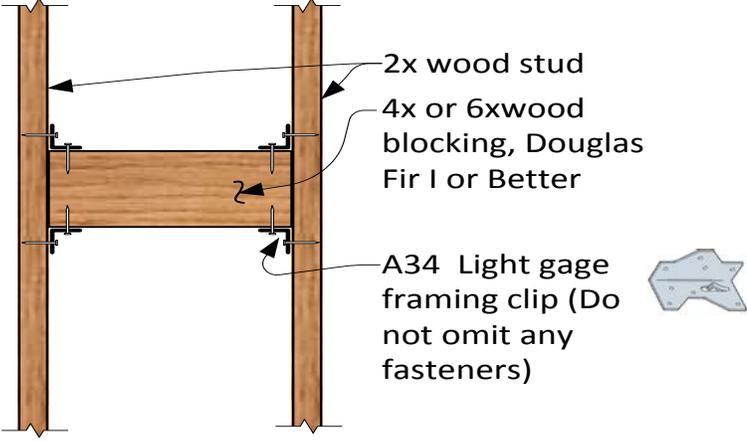
10. Will the handrail will be anchored to the wall in accordance with the detail below?



**Note:** The details provided herein may require a larger and/or longer fastener, additional blocking, etc. that exceeds the manufacturer's requirements. The most stringent requirements between these details and the manufacturer's requirements must be followed.

**Compliance**

Yes	No	NA
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	Compliance		
	Yes	No	NA
<p>11. Will blocking be provided at each handrail bracket in accordance with the detail below?</p>  <p><b><u>WALL BLOCKING DETAIL</u></b></p> <p><b>Note:</b> The details provided herein may require a larger and/or longer fastener, additional blocking, etc. that exceeds the manufacturer's requirements. The most stringent requirements between these details and the manufacturer's requirements must be followed.</p>	<input type="checkbox"/>	<input type="checkbox"/>	

**Any "no" answer in the Code Compliance Checklist may require additional work. The requirements based on your submitted answers will be communicated to you by the OSHPD Regional Compliance Officer.**

## APPENDIX A



**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      FAX (916) 324-9188  
 Phone (213) 897-0166      FAX (213) 897-0168

### Testing, Inspection and Observation Program 2013 California Building Standards Code – OSHPD 2

D	CONSTRUCTION OBSERVATION AND REPORTING									FOR OFFICE USE ONLY
	REQUIRED CONSTRUCTION OBSERVATION <small>(See "PERSONAL KNOWLEDGE" as defined in California Administrative Code, Section 7-151)</small>	VERIFIED COMPLIANCE REPORT REQUIRED AS INDICATED <small>(Form OSH-FD-123)</small>								
Ref. No.	*MILESTONES	GEOR	AOR	SEOR	MEOR	EEOR	CONT	SP INSP	IOR	OSHPD FDD
	<b>FINAL VERIFIED COMPLIANCE REPORT AT COMPLETION</b>						X		X	

E	FOR OFFICE USE ONLY									
	OSHPD Field Acceptance:									
	Name:								Date:	

OSH-FD-How to Guide- Handrail Replacement (12/15)



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
FACILITIES DEVELOPMENT DIVISION

RECEIVED

Application for New Project/Building Permit

OFFICE USE ONLY  
Project #

Facility

Facility # \_\_\_\_\_ Facility Name \_\_\_\_\_  
OSHPD Building # BLD - Building Name \_\_\_\_\_  
Type of Facility  Skilled Nursing or Intermediate Care Facility

Record Detail

Record/Project Name WALL MOUNTED TELEVISION/MONITOR BRACKET INSTALLATION  
Detailed Description

Application Specific Information

Submittal Type  Final  
Kind of Project  Remodel/Alteration  
Use Annual Building Permit  Yes  No

Contact Information

Primary Type Legal Owner / Administrator (Required for all applications)  
First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Fax \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

Primary Type Authorized Agent (Authorization must be attached)  
First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Fax \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_





OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES  
DEVELOPMENT DIVISION

**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 item(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 \_\_\_\_\_





### 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)*

*Notes: For SB 1838 projects, this amount must not exceed \$50,000  
For Incremented projects include the combined costs for all increments*

\$ \_\_\_\_\_

**Fixed Equipment Costs**

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

\$ \_\_\_\_\_

Note: See Instructions for Fee Information

Reason





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

**Application Specific Information – Inspector of Record**

OSHPD Certification Number \_\_\_\_\_ Class  A  B  C

Are you engaged in a business or other employment that requires a portion of your time?  Yes  No If yes, describe below

**CERTIFICATION OF APPLICANT for INSPECTOR OF RECORD**

I hereby certify that all answers to the questions on this form are true, and I agree and understand that any misstatement of material fact contained in this application will be sufficient cause for my dismissal on this project, and possible suspension or revocation of my Hospital Inspector Certification. If I undertake additional work other than stated herein, I will notify the owner, the Architect, and/or Engineer, and the Office of Statewide Health Planning and Development, without delay. If appointed, I will accept the responsibilities of Inspector of Record on the above mentioned project and will discharge the duties imposed upon me by all applicable sections of the Health and Safety Code.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**LEGAL OWNER**

This person is being employed by the hospital subject to the approval of the architect, structural engineer, or other applicable professional engineer, and OSHPD, and is qualified and able to provide competent, adequate and continuous inspection during construction of this project.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PROFESSIONAL**

This person known to me, is qualified, and is satisfactory to me as an Inspector of Record on this project.

Signature of Architect or Engineer in Responsible Charge \_\_\_\_\_ Date \_\_\_\_\_

Signature of Structural Engineer \_\_\_\_\_ Date \_\_\_\_\_

(Required on projects that include primary gravity and/or lateral load elements/systems)

**OFFICE USE ONLY**

**OSHPD APPROVAL**

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

**Enclosures**

Number of Copies	Enclosure Type	Number of Copies	Enclosure Type
2	How-To Guide #2 with Compliance Checklist completed	2	Plans or sketch showing the locations and elevations of tv/monitor bracket(s) to be installed
2	Certificate of Insurance from a California licensed contractor or		

**For construction in Northern California, 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:**

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Facilities Development Division  
700 North Alameda Street, Suite 2-500  
Los Angeles, CA 90012  
(213) 897-0166 phone  
(213) 897-0168 fax





**Letter of Authorization** (If application is made by an Agent on behalf of the Legal Owner/Administrator)

Project #:

To: Office of Statewide Health Planning and Development

I hereby authorize :

\_\_\_\_\_ (Name) \_\_\_\_\_ (Title)

To be known as the "Agent for Legal Applicant" in accordance with the Application for New Project and as the "Legal Owner, or Authorized Agent" on Building Permit, Post Approval Document, Notice of Start of Construction and other OSHPD FDD forms and required documents, for the facility known as

\_\_\_\_\_, Facility # \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

