



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION

RECEIVED

Table with 2 columns: Project #, Increment #. Header: OFFICE USE ONLY

Project Application

Project

Type
Alternate Method of Compliance
Annual Building Permit
Application for Building Permit
Application for New Project
Application for Seismic Extension (select one)
Incremental (select one)
Phase Segment
Seismic Retrofit Program (select one)
Removal of Acute Care Services (select one)

Facility

Project #
Facility #
OSHPD Building #
OSHPD Building #
OSHPD Building #
Type of Facility
Acute Psychiatric Hospital
Correctional Treatment Center
General Acute Care Hospital
Licensed Clinic
Skilled Nursing or Intermediate Care Facility

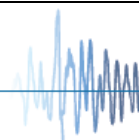
Address

Street Address
Address Line 2
City
County
State
Zip Code
Phone

Contact

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
Notes

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
Notes





**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
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Project Application

Contact

Primary Type Facility Representative

First Name _____ M.I. _____ Last Name _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Phone _____ Phone 2 _____ Fax _____

Email _____

Notes _____

Primary Type Accounting Applicant Billing (duplicate page if needed)

First Name _____ M.I. _____ Last Name _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Phone _____ Phone 2 _____ Fax _____

Email _____

Notes _____

Record Detail

Record/Project Name _____

Detailed Description

Application Specific Information – Plan Review

Submittal Type AB 2632 Examination Phased Review Requested

 Collaborative Phased Review Requested Final Preliminary

(Under Development) GeoTech Only SB 1838

 Collaborative Review Requested *(Under Development)*

Managed Project Requested Yes No

Final Following Preliminary Submitted Date
(Presubmittal meeting – For projects \$20 Million and above) _____

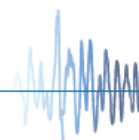
Kind of Project Addition Maintenance New Building Remodel/Alteration

Total Beds Before Construction _____ Total Beds After Construction _____ Square Footage of Project _____

Project includes Primary Gravity and/or Lateral Load Elements/Systems Yes No

Seismic Compliance Construction Project Yes No SB 90 Extension Qualifying Project Yes No

Use Annual Building Permit Yes No





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Project Application

Professionals

Responsible Primary Type **Architect** License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Designated Alternate Type **Architect** License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Responsible Primary Type **Civil** License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Designated Alternate Type **Civil** License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Responsible Primary Type **Contractor** License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Designated Alternate Type **Contractor** License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

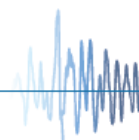
Phone _____ Phone 2 _____ Email _____ Fax _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____





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Project Application

Professionals

Responsible Primary Type **Electrical** License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Designated Alternate Type **Electrical** License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Responsible Primary Type **GeoTechnical** License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Designated Alternate Type **GeoTechnical** License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Responsible Primary Type **Mechanical** License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Designated Alternate Type **Mechanical** License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

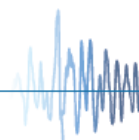
Phone _____ Phone 2 _____ Email _____ Fax _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____





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

Responsible Primary Type **Structural** License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Designated Alternate Type **Structural** License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

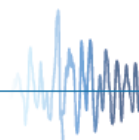
Phone _____ Phone 2 _____ Email _____ Fax _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____





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Project Application

Costs

- Cost Type Contract
 Estimated

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) \$ _____

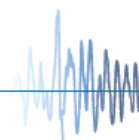
Cost of Imaging Equipment
(X-ray, MRI, CT Scan, etc., excluding installation cost) \$ _____

Note: See Instructions for Fee Information

Reason

Enclosures

Number of Copies	Enclosure Type	Number of Copies	Enclosure Type
_____	Application for New Project	_____	Plans
_____	Building Permit Form	_____	Project Schedule
_____	Certificate of Insurance	_____	Site Data Reports
_____	Contract Information	_____	Specifications
_____	Demolition Plans	_____	Structural Calculations
_____	Design Program	_____	Testing, Inspection and Observation Program (TIO)
_____	Equipment Anchorage Calculations	_____	Transmittal Letter (Section 7-131)
_____	Geotechnical Reports (for Buildings and Additions)	_____	Verification of Conformance to Local Codes
_____	Inspector Qualification Form	_____	Other _____
_____	Letter of Authorization		





**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
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Project # _____	Increment # _____

Project Application

Seismic Compliance

Building # _____ Building Name _____

Deficiencies Mitigated

SPC From 1 2 3 4 5 SPC To 1 2 3 4 5 SPC Full Partial
 NPC From 1 2 3 4 5 NPC To 1 2 3 4 5 NPC Full Partial

Building # _____ Building Name _____

Deficiencies Mitigated

SPC From 1 2 3 4 5 SPC To 1 2 3 4 5 SPC Full Partial
 NPC From 1 2 3 4 5 NPC To 1 2 3 4 5 NPC Full Partial

Building # _____ Building Name _____

Deficiencies Mitigated

SPC From 1 2 3 4 5 SPC To 1 2 3 4 5 SPC Full Partial
 NPC From 1 2 3 4 5 NPC To 1 2 3 4 5 NPC Full Partial

Building # _____ Building Name _____

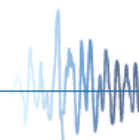
Deficiencies Mitigated

SPC From 1 2 3 4 5 SPC To 1 2 3 4 5 SPC Full Partial
 NPC From 1 2 3 4 5 NPC To 1 2 3 4 5 NPC Full Partial

Building # _____ Building Name _____

Deficiencies Mitigated

SPC From 1 2 3 4 5 SPC To 1 2 3 4 5 SPC Full Partial
 NPC From 1 2 3 4 5 NPC To 1 2 3 4 5 NPC Full Partial





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Project #	Increment #

Project Application

Phase Master Plan

Phase 1 – Conceptual/Criteria

Segment <u> 1A </u> Segment Description	<div style="border: 1px solid black; height: 40px;"></div>	Est. Submittal Date _____
Segment <u> 1B </u> Segment Description	<div style="border: 1px solid black; height: 40px;"></div>	Est. Submittal Date _____
Segment <u> 1C </u> Segment Description	<div style="border: 1px solid black; height: 40px;"></div>	Est. Submittal Date _____

Phase 2 – Detailed Design

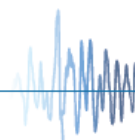
Segment <u> 2A </u> Segment Description	<div style="border: 1px solid black; height: 40px;"></div>	Est. Submittal Date _____
Segment <u> 2B </u> Segment Description	<div style="border: 1px solid black; height: 40px;"></div>	Est. Submittal Date _____
Segment <u> 2C </u> Segment Description	<div style="border: 1px solid black; height: 40px;"></div>	Est. Submittal Date _____

Phase 3 – Pre-Implementation

Segment <u> 3A </u> Segment Description	<div style="border: 1px solid black; height: 40px;"></div>	Est. Submittal Date _____
Segment <u> 3B </u> Segment Description	<div style="border: 1px solid black; height: 40px;"></div>	Est. Submittal Date _____
Segment <u> 3C </u> Segment Description	<div style="border: 1px solid black; height: 40px;"></div>	Est. Submittal Date _____

Phase 4 – Implementation (Final Review)

Segment <u> 4 </u> Segment Description	<div style="border: 1px solid black; height: 40px;"></div>	Est. Submittal Date _____
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Deferred Items

Discipline	Applicant Tracking Number	Description of Deferred Item
Architectural	_____	_____
Architectural	_____	_____
Demolition/Site	_____	_____
Electrical	_____	_____
Engineering Geologic	_____	_____
Fire and Life Safety	_____	_____
Fire and Life Safety	_____	_____
Fire and Life Safety	_____	_____
Fire and Life Safety	_____	_____
Fire and Life Safety	_____	_____
Geotechnical	_____	_____
Mechanical	_____	_____
Secondary Structural	_____	_____
Structural	_____	_____
Structural	_____	_____
Structural	_____	_____
Structural	_____	_____
Structural	_____	_____
Structural	_____	_____
Supplemental Ground Response	_____	_____

Structural Analysis Software

Structural Analysis Software Used (check all that apply)

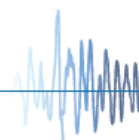
<input type="checkbox"/> Enercalc	<input type="checkbox"/> LPile	<input type="checkbox"/> Perform 3D	<input type="checkbox"/> RISA 3D
<input type="checkbox"/> ETABS	<input type="checkbox"/> PCA Column	<input type="checkbox"/> RAM Structural System	<input type="checkbox"/> SAFE
<input type="checkbox"/> LGBeamer	<input type="checkbox"/> PCA Slab	<input type="checkbox"/> Retain Pro	<input type="checkbox"/> SAP 2000
			<input type="checkbox"/> Other _____

**For construction in Northern California,
Seismic Review and Clinics, submit to:**

Office of Statewide Health Planning and Development
Facilities Development Division
2020 W. El Camino Ave., Suite 800
Sacramento, CA 95833
(916) 440-8300 phone
(916) 324-9188 fax

**For construction in Southern California,
North Los Angeles, or South Los Angeles submit to:**

Office of Statewide Health Planning and Development
Facilities Development Division
355 South Grand Avenue, Suite 1900
Los Angeles, CA 90071
(213) 897-0166 phone
(213) 897-0168 fax





OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

INSTRUCTIONS FOR APPLICATION FOR NEW PROJECT (OSH-FD-121)

This form is required for all application submittals and is to be accompanied by all required project specific forms.

Note: If licensure by the California Department of Public Health is not required by your facility, review by OSHPD is not required; therefore this application is not required. Contact the local jurisdiction for submittal requirements.

Project

The selected box indicates the type of application for submittal.

Facility

- Enter the Office of Statewide Health Planning and Development (OSHPD) facility identification number. If this application is for construction of a new facility and an OSHPD facility identification number has not yet been assigned, contact the office for this number.
- Enter the name of the facility as it appears on the facility license.
- Enter the building number and name which the requested work is to be performed.
- Check the box for the type of facility as it is licensed.

Address

- Enter the facility street address, city, county, zip code and phone number.

Contact

Note: Copies of all correspondence will be sent to the facility representative. If a facility representative address is not entered, copies of all correspondence will be sent to the facility address as indicated on the license, to the attention of Facility Administrator.

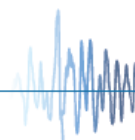
- Enter the contact information for the legal owner / administrator (this information is required for all applications) , authorized agent, and facility representative. Include the name, organization name, street address, city, state, zip code, phone number, fax number and email address. Information for accounting, applicant, and billing is optional. If additional space is needed, duplicate this page.
- A signature and date are required for the legal and authorized agent. If an authorized agent is signing on behalf of the legal owner /administrator, the authorization must be attached.
- Indicate who will be the primary contact for this project.
- Provide any additional information in the notes area, as necessary.

Record Detail

- Enter the record/project name.
- Enter a detailed description of the work to be performed.

Application Specific Information – Plan Review

- Indicate the type of submittal for this project by placing a check in the appropriate box. If selecting a collaborative review, phased review or collaborative phased review, complete the Phase Master Plan section.
- Indicate if a managed project review is requested. Refer to Title 24, California Administrative Code, Section 7-111, Definitions.
- If preliminary or final is checked as the type of submittal, enter the date of the presubmittal meeting (for projects with an estimated construction cost greater of \$20 million and above).
- Check the box for the kind of project. Refer to Title 24, California Administrative Code, Section 7-111, Definitions.
- Enter the total bed count before construction and after construction. If the bed count is not being affected by this project, this information is not required.





INSTRUCTIONS FOR APPLICATION FOR NEW PROJECT (continued) (OSH-FD-121)

- Enter the square footage of the project. For new building construction and additions, the square footage shall be the total building area as defined in the California Building Code, Section 502.1 for AREA, BUILDING for all floors, including basements, penthouses, canopies, etc. For remodels, the square footage shall be the total building area included within the scope of the work. For example, if a unit is being converted from Acute Care to Skilled Nursing, the square footage will include the total building area of the unit, not just the area of the rooms or spaces in which actual construction work occurs. Equipment replacements shall be considered remodels and the square footage shall be the building area within the room, space, or equipment pad, as applicable to accommodate the replacement. For example, if you are replacing a CT Scanner, the square footage is the area of the CT Scan Room. If a chiller is being added or replaced, the square footage would be the area of the chiller pad and not of the entire central plant. If additional related work is included in the scope of work, include the building area within the scope boundaries. The square footage for maintenance work shall be zero.
- Indicate if the project includes primary gravity and/or lateral load elements/systems.
- Indicate if the project is a Seismic Compliance Construction Project. **If yes, the Seismic Compliance section must be completed.**
- Indicate if the project is billed to an Annual Permit.

Professionals

Note: Plans returned for correction or stamping will be sent to the responsible primary, as indicated in this section.

- Enter the contact information for the professionals responsible for this project. Include the license/certificate number, name, alternate contact, organization name, street address, city, state, zip code, phone number, fax number and email address.
- Indicate the discipline in responsible charge of the project by selecting Responsible Primary. If plans need to be returned, they will be sent to this individual. A licensed specialty contractor can only be responsible on projects pursuant to Title 24, California Administrative Code, Section 7-115 (c).
- If additional space is necessary, duplicate the page.

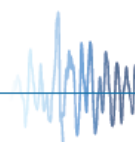
Costs

- Select whether the costs indicated are contract or estimated.
- 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 cost or value of imaging equipment (X-ray, MRI, CT Scan, etc.), excluding installation cost.

Fee Information:

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

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





INSTRUCTIONS FOR APPLICATION FOR NEW PROJECT (continued) (OSH-FD-121)

Enclosures

- Indicate the number of copies enclosed in the space provided, next to the applicable enclosure type.

Note: Submit two (2) sets of plans, specifications, structural calculations, and equipment anchorage calculations.

Submit three (3) sets of geotechnical reports for projects involving new facilities and additions to existing facilities.

Submit two (2) copies of the Testing, Inspection, and Observation Program (TIO).

Submit one (1) copy of the design program (optional).

Submit one (1) copy of the required verification of conformance to local code.

Seismic Compliance

This section must be completed when submitting Seismic Compliance Construction Projects.

- Provide the following information for each building in this project:
 - Building number and name
 - Deficiencies mitigated by this project
 - Enter the Structural Performance Category (SPC) before and after construction, and if this is full or partial compliance.
 - Enter the Nonstructural Performance Category (NPC) before and after construction, and if this is full or partial compliance.

Note: Full Compliance should only be chosen if this Seismic Compliance Construction Project meets all requirements for SPC/NPC compliance for the listed building as designated in the Seismic Compliance section.

Phase Master Plan

This section must be completed when submitting Phased and Collaborative review projects.

Deferred Items

Note: Where a portion of the design cannot be fully detailed on the approved construction documents because of variations in product design and manufacture, the approval of the construction documents for such portion may be deferred until the material suppliers are selected. OSHPD has sole discretion as to the portions of the design that may be deferred. All deferred items allowed by OSHPD must be clearly described on the construction documents. Deferred submittals must comply with Title 24, California Administrative Code Section 7-126.

Structural Analysis Software

- Indicate the type of structural design software used in the preparation of the design.

Note: If your designs were not prepared using software listed in this area, please be advised that plan review may be delayed while OSHPD develops a work-around, or purchases the software indicated.

