



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

RECEIVED

OFFICE USE ONLY	
Project#	Increment #
PAD-	

Amended Construction Document

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

Change Initiated By: As-Built Condition Discovered Condition Required for Code Compliance
 Contractor Requested Document Clarification Other (Specify): _____
 Design Professional Requested Owner Requested

Record/Project Name _____

Detailed Description

Application Specific Information – Amended Construction Document

Applicant Tracking Number _____

Reason for Change

Scope of Change

PROFESSIONAL

By my signature below, I acknowledge that the documents for the submittal type above have been reviewed and have been found to be in general conformance with the design of the project.

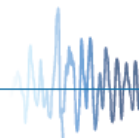
Signature of Architect or Engineer in Responsible Charge _____ Date _____

Signature of Structural Engineer _____ Date _____
(Required on projects that include primary gravity and/or lateral load elements/systems)

Application Specific Information – Critical Path Expedite Review

Critical Path Expedite Review Requested

Justification





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

OFFICE USE ONLY	
Project#	Increment #
PAD-	

Amended Construction Document

Costs

Cost Type Estimated
 Contract

Change in 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 \$ _____ Add Deduct

Change in Fixed Equipment Costs
(sterilizers, chillers, boilers, etc., excluding installation) \$ _____ Add Deduct

Change in Cost of Imaging Equipment
(X-ray, MRI, CT Scan, etc., excluding installation cost) \$ _____ Add Deduct
Note: See Instructions for Fee Information

Reason

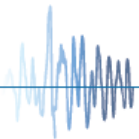
Enclosures

Number of Copies	Enclosure Type	Number of Copies	Enclosure Type
_____	Contract Information	_____	Site Data Reports
_____	Design Program	_____	Specifications
_____	Equipment Anchorage Calculations	_____	Structural Calculations
_____	Geotechnical Reports (for Buildings and Additions)	_____	Testing, Inspection and Observation Program (TIO)
_____	Letter of Authorization	_____	Verification of Conformance to Local Codes
_____	Plans	_____	Other _____
_____	Project Schedule		

List all drawing sheets included with submittal:

OFFICE USE ONLY - OSHPD APPROVAL

Printed Name _____ Title _____
Signature _____ Date _____





OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

INSTRUCTIONS FOR AMENDED CONSTRUCTION DOCUMENT APPLICATION (OSH-FD-125)

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.

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.

Record Detail

- Indicate the reason this change is being initiated; if you select "Other", you must specify why the change was initiated.
- Enter the record/project name from the parent project.
- Enter a detailed description of the work from the parent project.

Application Specific Information – Amended Construction Document

Note: A non-refundable application fee of \$250.00 will be assessed for each Amended Construction Document Submittal.

- Provide an applicant tracking number, if applicable.
- Provide a detailed description of the reason why this change is being requested.
- Provide a detailed description of the scope of the change being requested.
- Provide the signature of the architect or engineer in responsible charge of the project, and date. If this application is for a project that includes primary gravity and/or lateral load elements/systems, provide the signature of the Structural Engineer, and date.

Application Specific Information – Critical Path Expedite Review

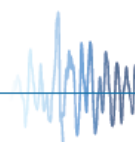
- Indicate if requesting a Critical Path Expedite Review (CPEP).
- Provide justification for this request, if applicable.

Costs

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

Enclosures

- Indicate the number of copies enclosed in the space provided, next to the applicable enclosure type.
- List all drawing sheets included with this submittal.





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

INSTRUCTIONS FOR AMENDED CONSTRUCTION DOCUMENT (continued)
(OSH-FD-125)

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.

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

Office of Statewide Health Planning and Development
Facilities Development Division
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
(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
355 South Grand Avenue, Suite 1900
Los Angeles, CA 90071
(213) 897-0166 phone
(213) 897-0168 fax

