



RECEIVED

OFFICE USE ONLY
Project #

Project Cancellation / Withdrawal Notice

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 – Project Cancellation / Withdrawal

This Notice serves as official notification that the above referenced project has been canceled. (Initial both statements)

_____ I understand that the facility will be required to submit a new Application for New Project form and construction documents, along with the appropriate filing fees, should this project be reactivated in the future.
Initial

_____ I understand that a fee refund is required to be requested in writing, in accordance with CAC Section 7-134(a), which states the following:
Initial

(a) Upon written request from the applicant, a fee refund may be issued pursuant to this section.

1. The written refund request must be submitted to the Office within:

a. One year of the date that a project is closed,
b. One year of the date the project is withdrawn by the applicant, or
c. One year of the date when an application may become void, based on the requirements of Section 7-129, Time Limitations for Approval.

Status of Plan Review / Construction
This Notice is submitted

Prior to the start of plan review After the start of plan review and prior to the start of construction

Construction has begun. OSHPD Compliance Officer has verified cancelling the project does not impact the building's safety features or pose an undue risk to the health and welfare of the patients, staff, or public. (Attach CO report)

Applicant

Project Cancellation / Withdrawal Notice made by

Administrator Authorized Agent (Authorization must be attached) Legal Owner

Signature _____
Print Name _____ Date _____
Title _____ Phone _____
Email Address _____



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

INSTRUCTIONS FOR PROJECT CANCELLATION / WITHDRAWAL NOTICE (OSH-FD-129)

Note: This form is **REQUIRED** for canceling or withdrawing a project.

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

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

Application Specific Information – Project Cancellation / Withdrawal

- Read both statements, and acknowledge by initialing on the lines provided.
- Indicate the current status of the project that is to be canceled / withdrawn. If construction has already begun, an OSHPD Compliance Officer must be contacted and an OSHPD Field Visit Report must be included with this Notice.

Applicant

Note: A Project Cancellation / Withdrawal Notice must be requested by the Administrator, Authorized Agent, or the Legal Owner.

- Indicate if this Notice is being submitted by the Administrator, Authorized Agent (attach authorization), or the Legal Owner, print their respective name, provide their signature, and date.

**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, 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

