



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

RECEIVED

OFFICE USE ONLY  
Project #

**Fee Refund Request**

**Facility**

Project # \_\_\_\_\_

Facility # \_\_\_\_\_ Facility Name \_\_\_\_\_

**Record Detail**

Record/Project Name \_\_\_\_\_

Detailed Description \_\_\_\_\_

**Fee Refund Information**

**In accordance with the California Administrative Code, Section 7-134, a request for a Fee Refund shall be submitted to OSHPD:**  
(Check all that apply)

- Within one year of the date that a project is closed
- One year of the date the project is withdrawn by the applicant
- One year of the date when an application may become void, based on the requirements of Section 7-129, Time Limitations for Approval.
- Project is complete.
- Project was Withdrawn or Cancelled.
  - Project withdrawn prior to commencement of plan review.
  - Project withdrawn after commencement of plan review and prior to commencement of construction.
  - Project cancelled after commencement of construction.
  - Withdrawn project submitted under an Annual Permit.
  - Project is exempt from the plan review process or otherwise not reviewable under the OSHPD jurisdiction.

**Fee Refund is based on the following:**

Estimated Construction Cost \_\_\_\_\_

Final Construction Cost: \_\_\_\_\_

Plan Review Fees Paid: \_\_\_\_\_

Plan Review Final Fees: \_\_\_\_\_

Total Refund: \_\_\_\_\_

**Applicant**

Fee Refund request made by

- Administrator       Authorized Agent (Authorization must be attached)       Legal Owner

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

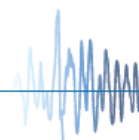
Date \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

*Please mail the refund to the following address:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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

### INSTRUCTIONS FOR REQUESTING A FEE REFUND (OSH-FD-130)

#### 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.

#### Record Detail

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

#### Fee Refund Information

- Check each box that applies to the project.
  - For projects that are completed, if the estimated construction cost of a project exceeds the actual construction cost by more than 5%, the excess portion of the fees paid may be refunded.
  - For projects that are withdrawn or cancelled:
    - If the project is withdrawn prior to commencement of plan review, the total fee, exclusive of the \$250 application fee, may be refunded.
    - If the project is withdrawn after commencement of plan review and prior to commencement of construction, 30% of the fee submitted for that project may be refunded.
    - If the project is cancelled after commencement of construction, the Office shall not issue a refund.
    - If a project submitted under an Annual Permit is withdrawn, the \$250 application fee shall not be refunded.
    - If fees are paid for a project that is determined by the Office to be exempt from the plan review process or otherwise not reviewable under the Office's jurisdiction, the total fee, exclusive of the \$250 application fee, may be refunded.
- Provide the project Estimated Construction Cost, Final Construction Cost (if applicable), amount of Plan Review Fees Paid, the Plan Review Final Fees (if applicable) and the Total Refund.

#### Applicant

Refund 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.
- Provide the address where the fee refund should be mailed.

#### **Submit Refund Request to:**

Office of Statewide Health Planning and Development  
Administrative Services Division – Accounting  
2020 W. El Camino Ave., Suite 1000  
Sacramento, CA 95833  
(916) 326-3237 phone  
(916) 322-2527 fax

