



RECEIVED

OFFICE USE ONLY
ABP #

Application for Annual Building Permit

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 – Annual Building Permit

THIS ANNUAL PERMIT IS ISSUED TO THE ABOVE NAMED FACILITY FOR THE EXECUTION OF MINOR NON-MAINTENANCE AND REMODELING PROJECTS NOT TO EXCEED FIFTY THOUSAND DOLLARS (\$50,000.00) PER FISCAL YEAR (JULY 1ST - JUNE 30TH) FOR GENERAL ACUTE CARE AND ACUTE PSYCHIATRIC HOSPITALS, AND TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00) PER FISCAL YEAR FOR SKILLED NURSING FACILITIES.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances, rules, regulations and state laws relating to building construction, and with any and all conditions of permit. I hereby authorize representatives of the OSHPD to enter upon the above-identified property for inspection purposes.

Printed Name _____ Authorized Agent Legal Owner

Signature _____ Date _____

OFFICE USE ONLY

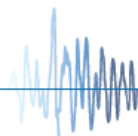
OSHPD APPROVAL

Permit issued on _____

Printed Name _____ Title _____

Signature _____

Special Conditions _____





OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

INSTRUCTIONS FOR APPLICATION FOR ANNUAL BUILDING PERMIT (OSH-FD-306)

This form must be accompanied by a Project Information form OSH-FD-100.

Note: It is not necessary to apply for an Annual Building Permit unless you plan to submit a construction project during the fiscal year (July 1st – June 30th). If you do apply for an Annual Building Permit and do not submit a project within the fiscal year, the permit fee is not refundable or transferable.

An Application for Inspector of Record form OSH-FD-124 must accompany this application.

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.

Application Specific Information – Annual Building Permit

- Provide the name of the Authorized Agent or Legal Owner, their signature, date and indicate which has signed for the annual building permit.

Fee Information:

General Acute Care Hospital and Acute Psychiatric Hospital fees shall be \$500.00. This fee covers \$50,000.00 of estimated construction costs. If the cost of the project/s constructed under the Annual Building Permit exceeds \$50,000.00, an additional fee of 1.64% of the estimated construction cost above the \$50,000.00 will be assessed.

Skilled Nursing Facility fees shall be \$250.00. This fee covers \$25,000.00 of estimated construction costs. If the cost of the project/s constructed under the Annual Building Permit exceeds \$25,000.00, an additional fee of 1.5% of the estimated construction cost above the \$25,000.00 will be assessed.

Once signed by the OSHPD Regional Compliance Officer, the last page of this application shall serve as the Building Permit and must be displayed.

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

