



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

FACILITIES DEVELOPMENT DIVISION – www.oshpd.ca.gov/fdd
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Letter of Authorization
(Agent for Legal Applicant)

Project #:

To: Office of Statewide Health Planning and Development

I hereby authorize _____ (Name) _____ (Title)

To be known as the “Agent for Legal Applicant” in accordance with the Application for New Project and as the “Legal Owner, or Authorized Agent” on Building Permit, Post Approval Document, Notice of Start of Construction and other OSHPD FDD forms and required documents, for the facility known as

_____, Facility # _____.

Date: _____

Signature: _____

Name: _____

Title: _____

Address: _____

Phone: _____