OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION – www.oshpd.ca.gov/fdd
2020 W. El Camino Ave., Suite 800 ~ Sacramento, California 95833 Phone (916) 440-8300 FAX (916) 324-9118
700 N. Alameda Street, Suite 2-500 ~ Los Angeles, California 90012 Phone (213) 897-0166 FAX (213) 897-0168
OPA, OPM, & OSP: FAX (916) 324-9187

Print

Facilities Development Division Payment Form

This form is to be used to remit payment for the fee(s) listed below.

Facility Name (or Owner/Manufacturer)	OSHPD Facility I.D. Number
Contact Person (Owner or Owner's Authorized Agent)	Phone Number

Please check appropriate box:

☐ Annual Building Permit: Project # (if applicable) _____

☐ New Project Application: Project # (if applicable) _____

Project Name: _____

☐ Further Fee: Project # _____ Invoice # _____

☐ Radiology Fee: Project # _____ Invoice # _____

☐ Inspector of Record Certification Examination/Application Fee: _____

☐ OPA, OPL, OPM, or OSP Program Fee: _____

☐ Other Fee: _____

Return/Fax To:

Office of Statewide Health Planning and Development
Division of Administration
Accounting Section
2020 W. El Camino Ave., Suite 1000
Sacramento, California 95833
(916) 326-3236 FAX (916) 322-2527

☐ Check or Money Order

☐ Visa ☐ Master Card ☐ Discover/Novus ☐ American Express

Account number (please print clearly) CSV

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐ $ _____ Exp. Date: _____

Billing Address Phone Number (if different above)

City State Zip Code

Card Holder's Name Signature