



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

FACILITIES DEVELOPMENT DIVISION – www.oshpd.ca.gov/fdd
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CERTIFICATE OF INSPECTION AND UTILITY CONNECTION AUTHORIZATION

OSHPD Project Number:	Increment No.:	Facility I.D. No.:
Facility:		
Address:		
Scope of Work/Project:		
Servicing Utility Company:		
The service at the above location/project is ready for utility connection. The service is:		
<input type="checkbox"/> Electrical at _____ volts, _____ phase, _____ amperage.		
<input type="checkbox"/> Gas at _____ CFH and designed for gas at a specific gravity of _____ and _____ BTU per cubic foot, delivered at _____ inch water column pressure.		
<input type="checkbox"/> Water with _____ fixture units at _____ gallons per minute and an operating pressure of _____ psi.		
To the best of my personal knowledge, as defined in CCR Title 24, Part 1, Section 7-151(b), this utility system has been installed in substantial conformance with the approved plans and specifications and applicable codes and regulations:		
Design Professional of Record	License No.	Date
This utility system has been inspected and tested in accordance with the approved plans, specifications, applicable codes and regulations and is in compliance:		
Inspector of Record	OSHPD Certification No.	Date
Authorization for connection of utility service:		
OSHPD Compliance Officer		Date