



RECEIVED

OFFICE USE ONLY
Project # _____ Increment # _____

Notice of Start of Construction

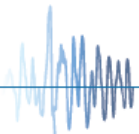
Facility
Project # _____
Facility # _____ Facility Name _____
OSHPD Building # BLD - _____ Building Name _____
Type of Facility Acute Psychiatric Hospital General Acute Care Hospital Skilled Nursing or Intermediate Care Facility
 Correctional Treatment Center Licensed Clinic

Record Detail
Record/Project Name _____
Detailed Description _____

Applicant
Notice of Start of Construction made by
 Administrator Authorized Agent (Authorization must be attached) Legal Owner
Print Name _____ Title _____
Signature _____ Date _____

Application Specific Information – Notice of Start of Construction
Construction Start Date _____
Contractor Information License Number _____
First Name _____ M.I. _____ Last Name _____
Organization Name _____
Street Address _____
Address Line 2 _____
City _____ State _____ Zip Code _____
Phone _____ Phone 2 _____ Fax _____
Notes _____

Contract Costs
Contract Award Date _____
Contract Construction Costs (excluding fixed equipment, imaging equipment, design fees, inspection fees, and off-site improvements) \$ _____
Contract Fixed Equipment Costs (sterilizers, chillers, boilers, etc., excluding installation) \$ _____
Contract Cost of Imaging Equipment (X-ray, MRI, CT Scan, etc., excluding installation cost) \$ _____
Note: See Instructions for Fee Information





OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

INSTRUCTIONS FOR NOTICE OF START OF CONSTRUCTION (OSH-FD-801)

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.

Record Detail

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

Applicant

- Indicate if this notice is being submitted by the Administrator, Authorized Agent (authorization must be attached), or the Legal Owner, and print the respective name, title, sign and date.

Application Specific Information – Notice of Start of Construction

- Enter the construction start date.
- Provide the contractor information for the project. Include the Contractor's license number, name, organization name, street address, city, state, zip code, phone number and fax number.

Contract Costs

- Enter the contract award date.
- Enter the contract construction cost of the project excluding fixed equipment to be permanently attached (electrically, mechanically or structurally) to the building, imaging equipment, design fees, inspection fees, and off-site improvements.
- Enter the contract cost or value of fixed equipment (items that are permanently affixed to the building or permanently connected to a service distribution system that is designed and installed for the specific use of the equipment), excluding installation costs.
- Enter the contract cost or value of imaging equipment (X-ray, MRI, CT Scan, etc.), excluding installation cost.

Fee Information:

Acute Care Hospital fees shall be 1.64% of the contract/estimated construction cost, including fixed equipment. Imaging equipment shall be 0.164% of the contract/estimated cost or value.

Skilled Nursing Facility fees shall be 1.5% of the contract/estimated construction cost, including fixed equipment.

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
355 South Grand Avenue, Suite 1900
Los Angeles, CA 90071
(213) 897-0166 phone
(213) 897-0168 fax

