



**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION**

RECEIVED

OFFICE USE ONLY	
Project#	_____
PAD-	_____

Deferred Approval Submittal

Facility

Project # _____

Facility # _____ Facility Name _____

OSHDP 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 – Deferred Approval Submittal Item

Applicant Tracking Number _____

Deferred Submittal Item _____

Professionals

Type of Licensed Professional _____ License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Organization Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Phone 2 _____ Fax _____

Email _____

DESIGN PROFESSIONAL OF RECORD

By my signature below, I acknowledge that the documents for the submittal type above have been reviewed and have been found to be in general conformance with the design of the project.

Signature of Architect or Engineer in Responsible Charge _____ Date _____

Signature of Structural Engineer _____ Date _____
(Required on projects that include primary gravity and/or lateral load elements/systems)



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Enclosures

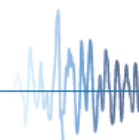
Number of Copies	Enclosure Type	Number of Copies	Enclosure Type
_____	Contract Information	_____	Site Data Reports
_____	Design Program	_____	Specifications
_____	Equipment Anchorage Calculations	_____	Structural Calculations
_____	Geotechnical Reports (for Buildings and Additions)	_____	Testing, Inspection and Observation Program (TIO)
_____	Letter of Authorization	_____	Verification of Conformance to Local Codes
_____	Plans	_____	Other _____
_____	Project Schedule		

List all drawing sheets included with submittal:

OFFICE USE ONLY - OSHPD APPROVAL

Printed Name _____ Title _____

Signature _____ Date _____





OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

INSTRUCTIONS FOR DEFERRED APPROVAL SUBMITTAL (OSH-FD-128)

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 from the parent record/project.
- Enter the detailed description of the work from the parent record/project.

Application Specific Information – Deferred Approval Submittal

Note: A non-refundable application fee of \$250.00 will be assessed for each Deferred Approval Submittal.

- Provide an applicant tracking number, if applicable.
- Indicate the scope of the deferred approval submittal, i.e. fire alarm, fire sprinkler, anchorage and bracing, etc.

Professionals

- Enter the license and contact information for the Architect or Engineer that has delegated responsibility for the design of the deferred approval submittal.
- Provide the signature of the architect or engineer in responsible charge of the project, and date. If this application is for a project that includes primary gravity and/or lateral load elements/systems, provide the signature of the Structural Engineer, and date.

Enclosures

- Indicate the number of copies enclosed in the space provided, next to the applicable enclosure type.
- List all drawing sheets included with this submittal.

Fee Information:

Fees for Deferred Approval Submittals are included in the fees for the parent project.

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

