

OSHPD



**EXPEDITED BUILDING
PERMIT FOR
ROOF-MOUNTED
HVAC UNIT
REPLACEMENT**

How - To Guide Series



**FOR SINGLE STORY
WOOD OR LIGHT
STEEL FRAME
CONSTRUCTION
SKILLED NURSING
FACILITIES &
INTERMEDIATE
CARE FACILITIES
(OSHPD 2 Buildings)**

**A Companion
Document to the
OSHPD FREER
Manual**

August 2020

EXPEDITED BUILDING PERMIT GUIDE FOR ROOF-MOUNTED HVAC UNIT REPLACEMENT

The Expedited Building Permit Guides are companion documents to the Office of Statewide Health Planning and Development (OSHPD) Field Review, Exempt, and Expedited Review (FREER) Manual and are intended as general reference guides and/or checklists to facilitate **repair, maintenance, minor renovation/remodeling, or installation of certain equipment** projects.

The Expedited Building Permit Guides are intended only for single-story OSHPD 2 Skilled Nursing Facilities (SNFs) and Intermediate Care Facilities (ICFs) that are of wood-frame or light steel construction and excluded from the definition of “Hospital Building” in the California Administrative Code (CAC), ARTICLE 2, Section 7-111.

The use of this Expedited Building Permit Guide is made available for use at the discretion of the facility owner. OSHPD (Office) does not mandate the use of the Expedited Building Permit Guide for any condition. Use of project-specific design and construction documents prepared by a California licensed design professional in lieu of using the Expedited Building Permit Guide is always acceptable, and in some cases, may be required.

This Expedited Building Permit Guide gives no consideration to suitability for use in a specific application, compatibility with other building systems, appropriate use of materials or design, appearances, etc. The facility owner and/or his/her authorized agent shall review all such qualities, features, and/or properties to ensure compliance with the California Building Standards Code and all applicable local codes and ordinances, appropriate integration with other building systems, and proper design for the project-specific conditions and installation, etc. This shall include a pre-assessment for existing damage or conditions that may need to be repaired and/or corrected.

While not mandatory, OSHPD recommends the facility have a California licensed architect or engineer, or a California licensed contractor assist in the review of the code compliance checklist provided in the Guide. In this manner, the facility will have a better understanding of the scope of work that may be required for a code compliant project prior to beginning the work.

The following regulations of the California Building Standards Code apply:

Before commencing construction or alteration of any health facility, the governing board or authority thereof shall submit an application for plan review to the Office, and shall obtain the written approval thereof by the Office describing the scope of work included and any special conditions under which approval is given (CAC, Section 7-113 (a)).

Construction or alteration of any health facility, governed under these regulations, performed without the benefit of review, permitting, and/or observation by the Office when review, permitting and/or observation is required, and without the exemption by the Office provided for in Section 7-127, shall be subject to examination by the Office to assess relevant code compliance. Failure to obtain the necessary reviews and approvals prior to commencing construction will result in examination fees, in addition to application fees (CAC, Section 7-128).

HVAC Unit Replacement

A roof-mounted HVAC unit replacement requires a Building Permit but may be exempt from the plan review process in accordance with Health & Safety Code (H&SC) Section 129875. Simple replacement of roof-mounted HVAC in qualifying OSHPD 2 SNFs and ICFs may be considered a maintenance project and exempt from plan review, if the following criteria are met.

- The weight of the replacement HVAC unit shall be less than 10% greater than the existing unit and less than 550 lbs.
- The CFM is equal to or greater than the existing unit and less than 2000 CFM.
- The connected fuel gas load, if applicable, is equal to or less than the existing unit.
- The connected electrical load is equal to or less than the existing unit.
- The replacement unit will fit in the space occupied by the existing unit and all required clearances and accesses will be provided and/or maintained.
- Work does not include adding, rerouting, or otherwise modifying ductwork other than addition of any required filters/filter bank at the plenum or minimal modifications to fit up existing ductwork to the new HVAC unit.
- The replacement is for maintenance work only, such as when an existing HVAC has failed, and is not for an additional HVAC unit.

This Expedited Building Permit Guide presents those criteria in a checklist format for general assessment of the specific project conditions. Installation of a HVAC unit without a permit is subject to an investigation fee, submittal of a project to the Office for plan review, demolition and/or rework of defective non-code complying work, etc. in accordance with the California Administrative Code, Title 24, Part 1, Section 7-128 “*Work Performed without a Permit*”.

The facility owner or his/her authorized agent should review this checklist with the **OSHPD Compliance Officer** to determine program eligibility, to assess the specific project conditions and determination of possible approaches to the application, review, permitting, and construction process prior to proceeding with work. Possible approaches include, but are not limited to:

Straight Replacement (with minor repair work) – For removal and replacement of an existing HVAC unit, where all existing conditions are fully compliant with the code at the time of installation, this Expedited Building Permit Guide shall apply. The facility may have the work performed by its maintenance staff or by a California licensed contractor. Minor Repair Work (modifications, repair, or remedial work) shall be limited to repairing damage to original condition, adding filtration, adding or replacing filter gauge, adding up to five feet of new duct, air balancing to provide the general air balance relationships to adjacent areas, electrical disconnect, adding GFI receptacle, or adding grounding conductor. Expedite permit acceptable.

More than Minor Work – Not covered under this Expedited Building Permit Guide is the replacement of an existing HVAC unit where modification, repair, or remedial work is necessary to bring a system that did not comply with the code at the time it was installed into compliance with current code and/or to ensure a safe condition such as providing adequate structural support where the existing support is deficient, adding more than five feet of ductwork, rerouting, or otherwise modifying existing ductwork except where needed to accommodate tie-in location of the replacement HVAC unit. The facility must involve a licensed design professional (architect and/or mechanical engineer dependent upon the scope and nature of the remedial work). If this work is of sufficient limited scope, field review by the Compliance Officer can be used under this Expedited Building Permit Guide, however more involved work will require submittal as a standard project and reviewed by the Office by the Regional Architectural & Engineering Unit.

Existing HVAC Unit – Unless otherwise noted, the code excerpts on the following pages apply to **replacement** of HVAC units. If a unit serves a sub-acute area the project must be submitted to the Office as a standard project.

Determination of Eligibility – Determination of eligibility and appropriate permitting process is the responsibility of the OSHPD Regional Compliance Officer. Facilities are encouraged to work with their Compliance Officer prior to assuming eligibility or an approach to permitting.

Inspections – The approved Inspector of Record (IOR) must inspect the work prior to use. Interim inspection will be required when walls, ceilings or other construction materials will cover the finished work. Any deficiencies, identified through inspection, shall be corrected before use of the system is permitted. A “Certificate of Compliance” issued by the OSHPD Compliance Officer is required prior to use of the HVAC unit. Responsible parties shall file Verified Compliance Reports (CAC, Section 7-151) in accordance with the requirements of the Testing, Inspection and Observation (TIO) Program (CAC, Section 7-149). (*See Appendix A*)

Manufacturer's Written Installation, Operating, and Maintenance Instructions – The installation shall comply with the manufacturer's written installation instructions. The installer (facility's maintenance staff/contractor) shall leave or submit to the Compliance Officer the manufacturer's installation, operating, and maintenance instructions in a location on the premises where they will be readily available for reference and guidance for the Inspector of Record (IOR), OSHPD staff, service personnel, and the owner or operator. (CMC, Chapter 303.1, 2019)

Mechanical systems shall be installed in a manner that is in accordance with the California Mechanical Code (CMC), applicable standards, and the manufacturer's installation instructions. (CMC, Chapter 303, 2019)

New Project/Building Permit Application Requirements

- Step 1.** Verify that the project is eligible for this program. Consultation with the OSHPD Compliance Officer is recommended.
- Step 2.** Use the eServices Portal online application process or download and print the Expedited Building Permit Guide and complete the **Roof-Mounted HVAC Unit Replacement Code Compliance Checklist** beginning on Page 5 of this Guide and complete the **Application for New Project/Building Permit** beginning on Page 11 (*Appendix B*) of this Guide. These documents may be filled-in manually or electronically.
- Step 3.** Prepare a plan/sketch showing the location(s) of where the HVAC unit(s) will be installed (a reduced copy of the building floor plan may be used for this purpose).
- Step 4.** If not using the online application, print one (1) complete set of the entire package (the Expedited Building Permit Guide with completed Checklist and Applications), sign and date (where required), and mail or deliver to:

For construction in [Northern California](#), submit to:

Office of Statewide Health Planning and Development
Facilities Development Division
2020 West El Camino Avenue, 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

Upon issuance of the building permit for the project by OSHPD, you may submit a construction start letter and begin replacement of HVAC unit.

The following questions based on your answer may have requirements. These requirements will be communicated to you by the OSHPD Regional Compliance Officer.

ROOF-MOUNTED HVAC UNIT REPLACEMENT CODE COMPLIANCE CHECKLIST

NOTE: The OSHPD Compliance Officer will field verify compliance with the following checklist and additional work may be required to bring the installation into code compliance if found to be deficient.

		Compliance		
		Yes	No	N/A
PROJECT DESCRIPTION				
1.	Is the HVAC unit replacement project located in a single-story Skilled Nursing or Intermediate Care Facility building of wood-frame or light steel frame construction?	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Is this project for straight replacement of existing HVAC unit of similar size and capacity? Commentary: Straight Replacement - For removal and replacement of an existing HVAC unit, where all existing conditions are fully compliant with the code at the time of installation.	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Does the Estimated Construction Cost or Contract Amount exceed \$50,000?	<input type="checkbox"/>	<input type="checkbox"/>	
GENERAL REQUIREMENTS				
4.	Contractor. Will work be performed by a contractor licensed by the California Contractors State License Board? Note: Workers' Compensation Insurance is required for all work.	<input type="checkbox"/>	<input type="checkbox"/>	
PROHIBITED LOCATIONS				
5.	Is this project for an HVAC system located in an attic or other concealed space?	<input type="checkbox"/>	<input type="checkbox"/>	
HVAC INSTALLATION REQUIREMENTS				
6.	Filter. Does the HVAC unit serve inpatient, treatment and/or diagnostic, direct services, or cleaning supplies areas? Commentary: At least one 80% high-efficiency (13 MERV rating) filter is required downstream of the supply fan. The filter media must be rigid or supported (non-collapsing type) and must operate on the principles of impingement, straining, and diffusion. (CMC 408)	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Filter Gauge. Is a filter gauge installed across each filter bank? Commentary: A filter gauge is required. The gauge must be red-lined marked or a filter alarm light type that will provide signal when the recommended pressure drop has been reached. (CMC 408.1.1)	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Pressure Relationship/Ventilation Requirements. Is there greater than 15% change to the system design airflow or the air distribution system?	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Controls. Is the HVAC system thermostatically controlled in one or more zones? (CMC 320.2.2)	<input type="checkbox"/>	<input type="checkbox"/>	

	Compliance		
	Yes	No	N/A
<p>10. Condensate Disposal. Does the condensate waste pipe have a slope of not less than 1/8 inch per foot to an approved receptor or disposal area?</p> <p>Commentary: Condensate from air-cooling coils and/or condensing appliances or similar air-conditioning equipment shall be collected and discharged to an approved plumbing fixture or disposal area. Where discharged into the drainage system, equipment shall drain by means of an indirect waste pipe. (CMC 310.1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>11. Point of Discharge. Do the HVAC condensate waste pipes connect indirectly to a drainage system, through an airgap or airbreak, to properly trapped and vented receptors, dry wells, leach pits, or the tailpiece of plumbing fixtures? (CMC 310.5)</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>12. Outdoor Air Intake. Does the HVAC unit have outdoor air intakes?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>12.a Is the outdoor air intake located at least 25 feet (or 10 feet if previously installed in compliance under a previous code) from exhaust outlets of ventilating systems, combustion equipment stacks, medical-surgical vacuum systems, cooling towers, plumbing vents, and areas that collect vehicular exhaust or other noxious fumes? (CMC 407.2.1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>12.b Where heavy snowfall is anticipated, is the outdoor air intake located at least 18 inches above roof level or 3 feet above a flat roof? (CMC 407.2.1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12.c Is the outdoor air intake covered with a screen having not less than ¼ inch openings and not more than ½ inch openings, designed to manage rain entrainment, to prevent rain intrusion, and manage water from snow (where applicable)? (CMC 402.4)</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>13. Roof Slope. Is the HVAC system installed on a sloped roof?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>13.a Does the roof have a slope of greater than 4 units vertical to 12 units horizontal (33 percent slope)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>13.b If the roof slope is greater than 4:12, is there a level platform of not less than 30 inches by 30 inches at the service side of the equipment for servicing? (CMC 304.2)</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>14. Gas Piping Connection. Does the HVAC unit connect to a fuel gas piping system?</p> <p>Commentary: Each appliance connected to a piping system shall have an accessible, approved manual shutoff valve with a non-displaceable valve member or a listed gas convenience outlet. The shutoff valve shall be located within 6 feet (829 mm) of the appliance it serves (CPC 1212.6). A sediment trap shall be installed downstream of the appliance shutoff valve as close to the inlet of the appliance as practical, before the flex connector, where used at the time of appliance installation. (CPC 1212.9)</p>	<input type="checkbox"/>	<input type="checkbox"/>	

		Compliance		
		Yes	No	N/A
HVAC ANCHORAGE REQUIREMENTS				
15.	Will the replacement HVAC unit be anchored at a minimum of four (4) locations near each of the four corners of the unit?	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Will the anchor spacing in each direction for the replacement HVAC unit be greater than or equal to 30 inches or the HVAC unit weight is less than 400 lbs? Exception: 30" min. not required if unit weight is less the 400 pounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Is the replacement HVAC unit mounted on spring isolators?	<input type="checkbox"/>	<input type="checkbox"/>	
18.	Is the weight of the replacement HVAC unit less than 10% greater than the existing unit and less than 550 lbs.?	<input type="checkbox"/>	<input type="checkbox"/>	
19.	Is the height of the replacement HVAC unit above the platform 4 feet 6 inches or less?	<input type="checkbox"/>	<input type="checkbox"/>	
20.	Will the replacement HVAC unit be supported by an existing wood frame platform?	<input type="checkbox"/>	<input type="checkbox"/>	
<div style="border: 1px solid black; padding: 10px;"> <p>(N) Attachment, Angle to Unit per Manufacturer</p> <p>(N) Attachment to Platform, w/ 1/4" Dia. Lag Screw, 2" Embed. Into Main Member, or 3/8" Dia. Bolt, Minimum, 4 Locations. See Plan View</p> <p>For Flat Roof Installations See Detail A</p> <p>(E) Platform</p> <p>Note: Roofing and Finishes Not Shown</p> <p>Elevation</p> <p>Heat/Cool Unit on Platform Wt. = 550 Lbs. Max</p> <p>H=4'-6" Max.</p> <p>Heat/Cool Unit on Platform Wt. = 550 Lbs. Max</p> <p>L=30" Min.</p> <p>B=30" min.</p> <p>Plan</p> <p>(N) Attachment, Angle to Unit per Manufacturer</p> <p>(N) Attachment to Platform, w/ 1/4" Dia. Lag Screw, 2" Embed. Into Main Member, or 3/8" Dia. Bolt, Minimum, 4 Locations. See Plan View</p> <p>(E) Platform w/Weather Proof Material</p> <p>(E) Roof Plywood</p> <p>(E) Roof Framing</p> <p>Note: Roofing and Finishes Not Shown</p> <p>Flat Roof Installation (Detail A)</p> <p>Heat/Cool Unit on Platform Wt. = 550 Lbs. Max</p> </div>				

	Compliance		
	Yes	No	N/A
<p>21. Will the replacement HVAC unit be supported by an existing steel frame platform?</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;">Elevation Plan</p> </div>	<input type="checkbox"/>	<input type="checkbox"/>	
HVAC ELECTRICAL REQUIREMENTS			
<p>22. Essential Power. Is essential electrical power provided for the heating equipment to maintain a minimum temperature of 60°F if serving a patient care area and plans submitted to OSHPD after January 1, 1989, or serving sub-acute patients?</p> <p>Commentary: Per the 1988 California Mechanical Code, HVAC units serving patient areas are required to be on Essential electrical power to maintain a minimum temperature of 60°F (CMC 321). Sub-acute patient care areas are also required to be on Essential electrical power.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>23. Disconnect. Does the HVAC unit have an electrical disconnect within sight of the unit? (CEC 440.14)</p> <p>Note: Circuit is required to be identified on cover of disconnect panel.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>24. Current. Does the replacement HVAC draw more current than the existing HVAC being replaced, and the same circuit is utilized?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>25. Overcurrent. Are overcurrent devices rated not more than the Maximum Over-Current Protection (MOCP) size shown on the nameplate of the replacement unit? (CEC 440.21)</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>26. Conductors. Are conductors rated not less than Minimum Circuit Amps (MCA) shown on the nameplate of the replacement unit? (CEC 440.31)</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>27. Grounding and Bonding. Is correctly sized equipment grounding conductor installed?</p> <p>Commentary: For the outdoor portion of a metallic raceway system that uses compression-type fittings, the equipment grounding conductor shall be a wire type. (CEC 250.122, CEC 440.9)</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>28. Receptacle. Is 120-volt GFCI receptacle located within 25 feet of the equipment and on the same level and in an accessible location? (CEC 210.63)</p>	<input type="checkbox"/>	<input type="checkbox"/>	

The above questions based on your answer may have requirements. These requirements will be communicated to you by the OSHPD Regional Compliance Officer.



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

2020 West El Camino Avenue, Suite 800, Sacramento, California 95833
355 South Grand Avenue, Suite 1900 Floor, Los Angeles, California 90071

Phone (916) 440-8300 FAX (916) 324-9188
Phone (213) 897-0166 FAX (213) 897-0168

APPENDIX A

www.oshpd.ca.gov/fdd

Testing, Inspection and Observation Program
2019 California Building Standards Code – OSHPD 2

A	Facility #:	Facility Name:	Project #:		
	Street Address:		Sub #:		
	City:		County:		
	Record Name (Scope of Project):				
B	TESTS – DOCUMENTATION / CERTIFICATION REQUIRED			CONSTRUCTION VERIFICATION	OFFICE USE ONLY
	TESTS	RESPONSIBLE FIRM OR INDIVIDUAL	*TBD	IOR	FDD CONSTRUCTION ACCEPTANCE
	ELECTRICAL TESTS				
	Torque Electrical Connections CEC110.3(B) & 110.14(D)				CO:
	MECHANICAL TESTS				
	Hydronics CMC 1205.2, 1220.2.6 & 1221.3 Pressure test of steam and water piping				CO:
	Existing System Air Balance CMC 407.3 Pre-demolition Air Flow Test and Report				CO:
	Ventilation system CMC 407.3.1 & Table 4-A Areas test and balanced				CO:
	PLUMBING TESTS				
	Fuel Piping CPC 1213.0 and NFPA 54-2016 § 8.1.1.1 Air, nitrogen, CO2 or inert gas tested prior to use, covering or concealment				CO:
Fuel piping, repairs and additions, where applicable and when permitted by the CO CPC 1213.1.2 Where repairs or additions are made following the pressure test, the affected piping shall be tested. Minor repairs and additions are not required to be pressure-tested provided that work is inspected, and connections are tested with a non-corrosive leak-detective method approved by the Authority Having Jurisdiction.				CO:	

NOTE: To Be Determined (TBD) – The name of the firm or individual to perform this test or special inspection shall be submitted to and approved by the Office prior to proceeding with the work that requires this test or special inspection.



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2019 California Building Standards Code – OSHPD 2

D CONSTRUCTION OBSERVATION AND REPORTING											FOR OFFICE USE ONLY
Ref. No.	REQUIRED CONSTRUCTION OBSERVATION <i>(See "PERSONAL KNOWLEDGE" as defined in California Administrative Code, Section 7-151)</i>	VERIFIED COMPLIANCE REPORT REQUIRED AS INDICATED <i>(Form OSH-FD-123)</i>								OSHPD FDD	
	*MILESTONES	GEOR	AOR	SEOR	MEOR	EEOR	CONT	SP INSP	IOR		
	FINAL VERIFIED COMPLIANCE REPORT AT COMPLETION						X		X		

E FOR OFFICE USE ONLY	
OSHPD Field Acceptance:	
Name:	Date:

NOTE: To Be Determined (TBD) – The name of the firm or individual to perform this test or special inspection shall be submitted to and approved by the Office prior to proceeding with the work that requires this test or special inspection.



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RECEIVED

Application for New Project/Building Permit

OFFICE USE ONLY

Project #

Facility

Facility # _____ Facility Name _____

OSHPD Building # BLD - _____ Building Name _____

Type of Facility Skilled Nursing or Intermediate Care Facility _____

Record Detail

Record/Project Name **ROOF-MOUNTED HVAC UNIT REPLACEMENT**

Detailed Description

[Empty box for detailed description]

Application Specific Information

Submittal Type Final

Kind of Project Remodel/Alteration Use

Annual Building Permit Yes No

Contact Information

Primary Type **Legal Owner / Administrator** (Required for All Applications)

First Name _____ M.I. ____ Last Name _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Phone _____ Phone 2 _____ Fax _____

Signature _____ Date _____ Email _____

Primary Type **Authorized Agent** (Authorization be Attached)

First Name _____ M.I. ____ Last Name _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Phone _____ Phone 2 _____ Fax _____

Signature _____ Date _____ Email _____



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Application for New Project/Building Permit

Construction Performed By (check one)

Licensed Contractor

State of California Contractor's License Number _____ Class _____ Expiration Date _____

First Name _____ M.I. _____ Last Name _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Phone _____ Phone 2 _____ Fax _____

CALIFORNIA LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor or Authorized Agent's Name _____

Signature _____

Date _____ Email _____

Owner/Builder

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors State License Law for the following reason(s) indicated below by the checkmark(s) I have placed next to the applicable items(s) below: (Sec. 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he/she is licensed pursuant to the provisions of the Contractors State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he/she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars [\$500].)

Please **check all that apply** for the following:

I as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.)

I am exempt under Section: _____, Building and Professions Code for this reason: _____

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a contractor(s) licensed pursuant to the Contractor's State License Law.)

By my signature below I acknowledge that, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following website:

<http://leginfo.legislature.ca.gov/>

Signature of Legal Owner or Authorized Agent _____

Date _____ Email _____



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Application for New Project/Building Permit

Workers' Compensation Insurance Coverage

WORKERS' COMPENSATION DECLARATION (Section 3800, Labor Code):

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION INSURANCE COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

I hereby affirm under penalty of perjury **one** of the following declarations:

Exempt: I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Insured through Carrier: I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Policy # _____ Insurance Carrier _____

Expiration Date _____ Insurance Agent Name _____

Copy Attached Insurance Agent Phone _____

Self-Insured: I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Certificate # _____ Copy Attached

Applicant's Signature _____ Date _____

Costs

Cost Type Estimated Contract
 Contract

Construction Costs

(excluding fixed equipment, imaging equipment,
design fees, inspection fees, and off-site improvements)
Note: For SB 1838 projects, this amount must not exceed \$50,000 \$ _____

Fixed Equipment Costs

(sterilizers, chillers, boilers, etc., excluding installation) \$ _____

Note: See Instructions for Fee Information

Reason



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FACILITIES DEVELOPMENT DIVISION**

2020 West El Camino Avenue, Suite 800, Sacramento, California 95833
355 South Grand Avenue, Suite 1900 Floor, Los Angeles, California 90071

Phone (916) 440-8300 FAX (916) 324-9188
Phone (213) 897-0166 FAX (213) 897-0168

www.oshpd.ca.gov/fdd

Inspector of Record Applicant

First Name _____ M.I. ____ Last Name _____
Organization Name _____
Street Address _____
Address Line 2 _____
City _____ State _____ Zip Code _____
Phone _____ Phone 2 _____ Fax _____
Signature _____ Date _____ Email _____

Application Specific Information – Inspector of Record

OSHPD Certification Number _____ Class A B C
Are you engaged in a business or other employment that requires a portion of your time? Yes No

If yes, describe below:

CERTIFICATION OF APPLICANT for INSPECTOR OF RECORD

I hereby certify that all answers to the questions on this form are true, and I agree and understand that any misstatement of material fact contained in this application will be sufficient cause for my dismissal on this project, and possible suspension or revocation of my Hospital Inspector Certification. If I undertake additional work other than stated herein, I will notify the owner, the Architect, and/or Engineer, and the Office of Statewide Health Planning and Development, without delay. If appointed, I will accept the responsibilities of Inspector of Record on the above-mentioned project and will discharge the duties imposed upon me by all applicable sections of the Health and Safety Code.

Signature _____ Date _____

LEGAL OWNER

This person is being employed by the facility subject to the approval of the architect, structural engineer, or other applicable professional engineer, and OSHPD, and is qualified and able to provide competent, adequate and continuous inspection during construction of this project.

Printed Name _____ Title _____

Signature _____ Date _____

OFFICE USE ONLY

OSHPD APPROVAL

Printed Name _____ Title _____

Enclosures for Project

Number of Copies	Enclosure Type	Number of Copies	Enclosure Type
1	How - To Guide 4 with Compliance Checklist completed.	1	Plans or sketch showing the location(s) of HVAC units being replaced.
1	Certificate of Insurance from a California licensed or Certificate of Consent to Self-Insure.		Other



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

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APPENDIX B

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Letter of Authorization

(If application is made by an Agent on behalf of the Legal Owner/Administrator)

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 Name _____ Facility # _____

Date: _____

Signature: _____

Name: _____

Title: _____

Address: _____

Phone: _____

E-mail: _____