

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

FACILITIES DEVELOPMENT DIVISION ~ www.oshpd.state.ca.us/fdd

400 "R" Street, Suite 200 ~ Sacramento, California 95811

Phone (916) 440-8300 FAX (916) 324-9188

700 N. Alameda Street, Suite 2-500, Los Angeles, California 90012

Phone (213) 897-0166 FAX (213) 897-0168

**Annual Building Permit/Application**

(This form serves as both the Application for Annual Permit and the Permit itself.)

A	Name of Facility:		Office Use Only OSHPD #		
	Address - Street:				
	City:	County:	Zip:	FACILITY I.D. #	
	Administrator:		Phone: _____ Fax: _____		
B	Application made by:		DISTRIBUTION <input type="checkbox"/> Area Compliance Officer <input type="checkbox"/> Applicant <input type="checkbox"/> Project File <input type="checkbox"/> _____		
	Name (typed):				Title: _____
	Signature: _____				Phone: _____ Fax: _____
	Address - Street:				City: _____ State: _____ Zip: _____
Who is to be known as the:		<input type="checkbox"/> Legal Owner / Administrator <input type="checkbox"/> Agent for the Legal Owner / Administrator (Letter of Authorization must be attached)			
C	Type of Facility	<input type="checkbox"/> General Acute Care <input type="checkbox"/> Psychiatric Hospital	<input type="checkbox"/> Skilled Nursing (SNF) and Interm. Care Facility (ICF) <input type="checkbox"/> Correctional Treatment Center (CTC)		
D	LICENSED CONTRACTOR'S DECLARATION: I hereby affirm 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's Name: _____ Signature: _____				
E	WORKERS COMPENSATION DECLARATION: I hereby affirm that I have a certificate of consent to self-insure, or a certification of Worker's Compensation insurance, or a certified copy thereof (Section 3800, Labor Code). Policy # _____ Copy shall be attached. Date of expiration: _____ Company: _____ Current certified copy has been previously filed with OSHPD <input type="checkbox"/> Yes <input type="checkbox"/> No				
F	OWNER-BUILDER DECLARATION: I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5 Business and Professions Code. Any City or county which requires a permit to construct, alter, improve, demolish or repair any structure, prior to its issuance, also requires that the applicant for such permit to file a signed statement that he/she is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9 (Commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he/she is exempt therefrom and the basis for 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). <input type="checkbox"/> 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 Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such 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 he did not build or improve for the purpose of sale.). <input type="checkbox"/> 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 License Law does not apply to an owner of property who builds or improves thereon, and contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law.). <input type="checkbox"/> I am exempt under Section _____, Building and Professions Code for this reason: _____ Legal Signature: _____ Title: _____				
G	This Annual Building Permit is issued to the above named facility for the execution of minor non-maintenance and remodeling projects not to exceed twenty-five thousand (\$25,000.00) dollars per fiscal year for Skilled Nursing Facilities and fifty thousand (\$50,000.00) dollars per fiscal year for General Acute Care and Psychiatric Hospitals. The Annual Building Permit fee is \$250.00 for Skilled nursing Facilities and \$500.00 for General Acute Care and Psychiatric Hospitals.				
H	Issued this _____ day of _____, _____		OSHPD Receipt Stamp		
By: _____ Regional Compliance Officer, Office of Statewide Health Planning and Development					
Expiration Date: <u>June 30, 20</u> _____					

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INSTRUCTIONS FOR ANNUAL BUILDING PERMIT / APPLICATION (OSH-FD-306)

Do not write in areas designated for "Office Use Only."

It is not necessary to apply for an "Annual Building Permit" unless you plan to submit a construction project during the fiscal year (fiscal year is July 1st to June 30th). If you do apply for an Annual Building Permit and do not submit a project within the fiscal year, the \$250.00 and/or \$500.00 fee is NOT refundable or transferable.

- A Enter name as it appears on the facility license. Enter street address, city, county, and zip code (five or nine digit zip code as applicable). Enter name of the administrator, phone and FAX number.
- B This application is to be signed by the legal owner or administrator of the facility, or their agent. If it is signed by the agent of the legal owner or administrator, the Letter of Authorization (OSH-FD-309) shall be attached to this application. Indicate the name, signature, title, address, phone and FAX number, city, state, zip code, of the applicant or agent.
- C Check Type of Facility as licensed.
- D,E,F Complete Section D and E or F if applicable and known at the time of application. If it is known that all work will be owner-builder work, complete Section F. No work proposed can be commenced without the licensed contractor's, worker's compensation or owner-builder declarations being filed with OSHPD for each annual building permit project undertaken.
- G The Annual Building Permit fee is \$250.00 for Skilled Nursing Facilities. This fee covers \$25,000.00 of estimated construction costs. Calculation of additional fees:
Skilled Nursing Facilities: If the cost of the project or projects constructed under your annual building permit exceeds \$25,000.00, you will be assessed an additional fee of 1.5% of the cost over \$25,000.00
- The Annual building Permit fee is \$500.00 for General Acute Care and Psychiatric Hospitals. This fee covers \$50,000.00 of estimated construction costs. Calculation of additional fees:
General Acute Care and Psychiatric Hospitals: If the cost of the project or projects constructed under your annual building permit exceeds \$50,000.00, you will be assessed an additional fee of 1.64% of the cost over \$50,000.00.
- H. When the application and the proposed Inspector of Record are found to be acceptable by OSHPD, the application will be returned to the applicant as the valid annual building permit which must be retained on the premises of the facility identified in Section A.

An Inspector of Record (IOR) application form must accompany the application for Annual Building Permit.