

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

FACILITIES DEVELOPMENT DIVISION - www.oshpd.ca.gov/fdd

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

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

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

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

**Building Permit**

A	Name of Facility:		OSHPD #	
	Address - Street:		INCREMENT # <small>(For Designated Increment Projects Only)</small>	
	City:	County:	Zip:	FACILITY I.D. #
	Scope of Project (45 characters max.)		Applicant's Job #	
B	Name of Facility Representative/Administrator:		(will receive copies of all correspondence)	
	Address - Street		Phone:	Type of Project: <input type="checkbox"/> New Facility <input type="checkbox"/> Remodel <input type="checkbox"/> Addition Type of Facility <input type="checkbox"/> Gen. Acute <input type="checkbox"/> SNF / ICF <input type="checkbox"/> Psychiatric Hospital <input type="checkbox"/> Correctional Treatment Center <input type="checkbox"/> Clinic
	E-mail:		Fax #:	
	City:	County:	Zip:	
	Legal Owner:			
Address :	City:	State:	Zip:	
C	Plans and Specifications prepared by the following: Check which discipline is in general responsible charge of the project. <input checked="" type="checkbox"/> If none are checked, project is recorded as owner-builder.			
	Architect - Firm: _____ Lic. #: _____ <input type="checkbox"/>		Mechanical Engineer - Firm: _____ Lic. #: _____ <input type="checkbox"/>	
	Address: _____ City: _____ State: _____ Zip: _____	Address: _____ City: _____ State: _____ Zip: _____		
	Phone: _____ FAX #: _____	Phone: _____ FAX #: _____		
	Structural Engineer - Firm: _____ Lic. #: _____ <input type="checkbox"/>		Electrical Engineer - Firm: _____ Lic. #: _____ <input type="checkbox"/>	
	Address: _____ City: _____ State: _____ Zip: _____	Address: _____ City: _____ State: _____ Zip: _____		
	Phone: _____ FAX #: _____	Phone: _____ FAX #: _____		
	Contractor - Firm: _____ State Lic. #: _____ <input type="checkbox"/>		Geotechnical Engineer - Firm: _____ Lic. #: _____ <input type="checkbox"/>	
	Address: _____ City: _____ State: _____ Zip: _____	Address: _____ City: _____ State: _____ Zip: _____		
	Phone: _____ FAX #: _____	Phone: _____ FAX #: _____		
D	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.			
	License Class: _____	License No. _____	Contractor's Name: _____ Signature: _____ Date: _____	

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Name of Facility (from front page)		OSHPD #
E WORKERS COMPENSATION DECLARATION: (Section 3800, Labor Code): I hereby affirm under penalty of perjury one of the following declarations: _____ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. _____ 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 # _____ <input type="checkbox"/> Copy attached. Date of expiration: _____ Company: _____ <input type="checkbox"/> Electronically verified. Date of expiration: _____ _____ 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. Applicant: _____ Date: _____ WARNING: FAILURE TO SECURE WORKERS' COMPENSATION 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.		
F OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury 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 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 Contractor's State 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 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).): <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 State License Law does not apply to an owner of property who builds or improves thereon, and who does the work himself or herself or through his own employees, 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 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 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.) <input type="checkbox"/> I am exempt under Section _____, Building and Professions Code for this reason: _____ Date: _____ Signature (Legal Signature and Title): _____ Title: _____		
G CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097 of the Civil Code). Lender's Name: _____ Lender's Address: _____ City: _____ State: _____ Zip: _____		
H SPECIAL CONDITIONS: 		
I PERMIT EXPIRES IF AUTHORIZED WORK IS NOT COMMENCED WITHIN ONE YEAR PERIOD, OR SUSPENDED FOR ONE YEAR Address: _____ City: _____ State: _____ Zip: _____ Contract Amount: \$ _____ I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of the county to enter upon the above-mentioned property for inspection purposes. Signature: _____ Date: _____ <input type="checkbox"/> Owner <input type="checkbox"/> Agent for Owner Title: _____ <div style="border: 1px solid black; padding: 5px; text-align: center;"> For Office Use Only Permit issued this _____ day of _____ By: _____ Regional Compliance Officer Office of Statewide Health Planning and Development </div>		

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**INSTRUCTIONS FOR
BUILDING PERMIT APPLICATION
(OSH-FD-302)**

- A Enter name as it appears on the facility license. Enter street address, city, county, and zip code. Enter the scope of the project (45 characters maximum) and applicant's job number.

On the right, enter the OSHPD number, the Increment number (for designated incremental projects only), and the Facility number and check the boxes indicating the type of project and the type of facility as it is licensed.

- B Enter the name of the Facility Representative/Administrator, e-mail address, phone number, fax number, city, state, and zip code. Copies of all correspondence will be sent to the Facility Representative/Administrator. If no Facility Representative/Administrator address is entered, copies of all correspondence will be sent to the Facility address, as indicated on the license, to the attention of Facility Administrator.

Enter the name of the legal owner, street address, city, state, and zip code.

- C Provide information as on the Application for Plan Review. Check the box for the discipline, which is in general responsible charge of the project. OSHPD will send all project correspondence to this discipline. Sections A, B and C of the Building Permit Form correspond to Sections A, D and I of the Application for Plan Review.

- D Provide license class, license number, printed name, signature and date as an affirmation that you are a licensed contractor and that your license is in full force and effect.

- E If you have workers compensation insurance, provide policy number, date of expiration and company in the spaces provided. You may either attach an original copy of your certificate of workers compensation insurance or the Office may verify by electronic means. A certificate of insurance is required for each building permit application. If you have a certificate of consent to self-insure, you must attach a copy.

- F Section F applies only to owner/builder projects. If the owner of the facility or the employees are to perform the work, check the appropriate box in Section F and sign and date this section.

- G Section G is to be completed when there is a construction-lending agency for the performance of the work. Provide the lender's name and complete address.

- H The special condition section of the building permit will be filled out by the OSHPD Regional Compliance Officer.

- I Provide the address, signature, date, and title of the owner or agent. Check the correct box to indicate Owner or Agent for Owner. Indicate the contract amount in the space provided.

NOTE: This permit expires if the work authorized is not commenced within one year after the date on this permit, or if work is suspended for one year after construction has begun.