



Project Cancellation/Withdrawal Notice
(This form must be submitted to cancel a project)

A	Name of Facility: Address - Street: _____ Phone: _____ _____ FAX: _____ City: _____ County: _____ Zip: _____ Title of Project (45 characters max) _____	OSHPD #: Facility I.D. #:
B	This letter serves as official notification that the above project has been canceled. I understand that the facility will be required to submit a new "Application for Plan Review" and construction documents, along with the appropriate filing fees, should this project be reactivated in the future. _____ Initial	
B	Furthermore, I understand that a fee refund needs to be requested in writing per C.C.R., Title 24, Part 1, Section 7-134(a)1; which states the following: _____ Initial	
B	"(a) Upon written request from the applicant, a fee refund may be issued pursuant to this section. 1. The written refund request must be submitted to the Office within: a. One year of the date that a project is closed, b. One year of the date the project is withdrawn by the applicant, or c. One year of the date when an application may become void, based on the requirements of Section 7-129, Time Limitations for Approval."	
C	Status of Plan Review/Construction <input type="checkbox"/> Prior to start of plan review <input type="checkbox"/> After start of plan review and prior to start of construction. <input type="checkbox"/> Construction has started - ACO verified canceled project does not impact the building's safety features or pose an undue risk to the health and welfare of the patients, staff or public. (see attached ACO report)	
D	Refund Request <input type="checkbox"/> This form serves as written request for a refund. (per C.C.R., Title 24, Part 1, Section 7-134(a)1)	
E	Project Cancellation/Withdrawal made by: Name typed _____	
	Signature _____	Date _____
	Title: _____	Phone # _____
	Address: _____	Fax # _____
	City: _____ State: _____ Zip: _____	E-mail _____
	Who is to be known as: <input type="checkbox"/> Legal Owner/Administrator <input type="checkbox"/> Agent for the Legal Owner/Administrator	



**INSTRUCTIONS FOR
PROJECT CANCELLATION/WITHDRAWAL NOTICE
(OSH-FD-129)**

- A Enter name as it appears on the facility license. Enter street address, city, county, zip code, phone number and fax number.
- Title of project - enter the description statement of the work to be performed (45 characters max). The title should match the title on the Application and/or Building Permit form. If the facility or architect has a numbering system for projects, enter that project number here.
- B Read and initial statements on the line provided as acknowledgement
- C Check appropriate box which indicates the status of the project you are canceling. If construction has started, an ACO must be contacted and an ACO's–Construction Advisory Report must be attached.
- D Check box if you want this form to be your official request for a refund.
- E. This notice of "Project Cancellation/Withdrawal" is to be signed and dated by the legal owner or administrator of the facility or agent.