

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**FACILITIES DEVELOPMENT DIVISION**1600 9th Street, Room 420 ~ Sacramento, California 958141831 9th Street ~ Sacramento, California 95814

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www.oshpd.state.ca.us/fdd

**CERTIFICATE OF INSPECTION AND UTILITY CONNECTION AUTHORIZATION**

OSHPD Project Number: _____ Increment No.: _____ Facility I.D. No.: _____

Facility: _____

Address: _____

Scope of Work/Project: _____

Servicing Utility Company: _____

The service at the above location/project is ready for utility connection. The service is:

- Electrical at _____ volts, _____ phase, _____ amperage.
- Gas at _____ CFH and designed for gas at a specific gravity of _____ and _____ BTU per cubic foot, delivered at _____ inch water column pressure.
- Water with _____ fixture units at _____ gallons per minute and an operating pressure of _____ psi.

To the best of my personal knowledge, as defined in CCR Title 24, Part 1, Section 7-151(b), this utility system has been installed in substantial conformance with the approved plans and specifications and applicable codes and regulations:

Design Professional of Record	License No.	Date
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This utility system has been inspected and tested in accordance with the approved plans, specifications, applicable codes and regulations and is in compliance:

Inspector of Record	OSHPD Certification No.	Date
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Authorization for connection of utility service:

OSHPD Compliance Officer	Date
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