



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
FACILITIES DEVELOPMENT DIVISION

RECEIVED

OFFICE USE ONLY

Project #

Increment #

Project Application

Project

Type

- ☐ Alternate Method of Compliance ☐ Application for Seismic Extension (select one) ☐ Seismic Retrofit Program (select one)
- ☐ Annual Building Permit ☐ NPC ☐ Application for Seismic Evaluation Report
- ☐ Application for Building Permit ☐ SPC ☐ Compliance Plan Review
- ☐ Application for New Project ☐ Incremental (select one) ☐ Request for NPC or SPC Upgrade
- ☐ Increment ☐ Removal of Acute Care Services (select one)
- ☐ Master ☐ OSHPD Jurisdiction Requested
- ☐ Phase Segment ☐ Local Jurisdiction Requested

Facility

Project # \_\_\_\_\_

Facility # \_\_\_\_\_ Facility Name \_\_\_\_\_

OSHPD Building # BLD - \_\_\_\_\_ Building Name \_\_\_\_\_

OSHPD Building # BLD - \_\_\_\_\_ Building Name \_\_\_\_\_

OSHPD Building # BLD - \_\_\_\_\_ Building Name \_\_\_\_\_

Type of Facility ☐ Acute Psychiatric Hospital ☐ General Acute Care Hospital ☐ Skilled Nursing or Intermediate Care Facility

☐ Correctional Treatment Center ☐ Licensed Clinic

Address

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State CA Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Contact

☐ 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 \_\_\_\_\_

Notes \_\_\_\_\_

☐ Primary Type **Authorized Agent** (Authorization must 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 \_\_\_\_\_

Notes \_\_\_\_\_





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### Contact

☐ Primary Type Facility Representative

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Organization Name \_\_\_\_\_

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Notes \_\_\_\_\_

☐ Primary Type ☐ Accounting ☐ Applicant ☐ Billing (duplicate page if needed)

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Organization Name \_\_\_\_\_

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Notes \_\_\_\_\_

### Record Detail

Record/Project Name \_\_\_\_\_

Detailed Description \_\_\_\_\_

### Application Specific Information – Plan Review

Submittal Type ☐ AB 2632

Collaborative Phased Review Requested  
(Under Development)

Collaborative Review Requested  
(Under Development)

☐ Examination

☐ Final

☐ GeoTech Only

☐ Phased Review Requested

☐ Preliminary

☐ SB 1838

Managed Project Requested ☐ Yes ☐ No

Final Following Preliminary Submitted Date

(Presubmittal meeting – For projects \$20 Million and above) \_\_\_\_\_

Kind of Project ☐ Addition ☐ Maintenance ☐ New Building ☐ Remodel/Alteration

Total Beds Before Construction \_\_\_\_\_ Total Beds After Construction \_\_\_\_\_ Square Footage of Project \_\_\_\_\_

Project includes Primary Gravity and/or Lateral Load Elements/Systems ☐ Yes ☐ No

Seismic Compliance Construction Project ☐ Yes ☐ No

Use Annual Building Permit ☐ Yes ☐ No





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### Professionals

☐ Responsible Primary    Type **Architect**    License/Certificate Number \_\_\_\_\_  
First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
Alternate Contact First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

☐ Responsible Primary    Type **Civil**    License/Certificate Number \_\_\_\_\_  
First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
Alternate Contact First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

☐ Responsible Primary    Type **Contractor**    License/Certificate Number \_\_\_\_\_  
First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
Alternate Contact First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

☐ Responsible Primary    Type **Electrical**    License/Certificate Number \_\_\_\_\_  
First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
Alternate Contact First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_





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Professionals

☐ Responsible Primary    Type GeoTechnical    License/Certificate Number \_\_\_\_\_  
First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
Alternate Contact First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

☐ Responsible Primary    Type Mechanical    License/Certificate Number \_\_\_\_\_  
First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
Alternate Contact First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

☐ Responsible Primary    Type Structural    License/Certificate Number \_\_\_\_\_  
First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
Alternate Contact First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_





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## Project Application

Project #

Increment #

### Costs

Cost Type ☐ Contract  
☐ Estimated

#### 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)

\$ \_\_\_\_\_

#### Cost of Imaging Equipment

(X-ray, MRI, CT Scan, etc., **excluding** installation cost)

\$ \_\_\_\_\_

Note: See Instructions for Fee Information

Reason

### Enclosures

Number of Copies	Enclosure Type	Number of Copies	Enclosure Type
_____	Application for New Project	_____	Plans
_____	Building Permit Form	_____	Project Schedule
_____	Certificate of Insurance	_____	Site Data Reports
_____	Contract Information	_____	Specifications
_____	Demolition Plans	_____	Structural Calculations
_____	Design Program	_____	Testing, Inspection and Observation Program (TIO)
_____	Equipment Anchorage Calculations	_____	Transmittal Letter (Section 7-131)
_____	Geotechnical Reports (for Buildings and Additions)	_____	Verification of Conformance to Local Codes
_____	Inspector Qualification Form	_____	Other _____
_____	Letter of Authorization		





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Seismic Compliance

Building # \_\_\_\_\_ Building Name \_\_\_\_\_

Deficiencies Mitigated \_\_\_\_\_

SPC From ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 SPC To ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 SPC ☐ Full ☐ Partial  
NPC From ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 NPC To ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 NPC ☐ Full ☐ Partial

Building # \_\_\_\_\_ Building Name \_\_\_\_\_

Deficiencies Mitigated \_\_\_\_\_

SPC From ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 SPC To ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 SPC ☐ Full ☐ Partial  
NPC From ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 NPC To ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 NPC ☐ Full ☐ Partial

Building # \_\_\_\_\_ Building Name \_\_\_\_\_

Deficiencies Mitigated \_\_\_\_\_

SPC From ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 SPC To ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 SPC ☐ Full ☐ Partial  
NPC From ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 NPC To ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 NPC ☐ Full ☐ Partial

Building # \_\_\_\_\_ Building Name \_\_\_\_\_

Deficiencies Mitigated \_\_\_\_\_

SPC From ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 SPC To ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 SPC ☐ Full ☐ Partial  
NPC From ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 NPC To ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 NPC ☐ Full ☐ Partial

Building # \_\_\_\_\_ Building Name \_\_\_\_\_

Deficiencies Mitigated \_\_\_\_\_

SPC From ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 SPC To ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 SPC ☐ Full ☐ Partial  
NPC From ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 NPC To ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 NPC ☐ Full ☐ Partial





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### Phase Master Plan

#### Phase 1 – Conceptual/Criteria

Segment 1A Segment Description

Est. Submittal Date \_\_\_\_\_

Segment 1B Segment Description

Est. Submittal Date \_\_\_\_\_

Segment 1C Segment Description

Est. Submittal Date \_\_\_\_\_

#### Phase 2 – Detailed Design

Segment 2A Segment Description

Est. Submittal Date \_\_\_\_\_

Segment 2B Segment Description

Est. Submittal Date \_\_\_\_\_

Segment 2C Segment Description

Est. Submittal Date \_\_\_\_\_

#### Phase 3 – Pre-Implementation

Segment 3A Segment Description

Est. Submittal Date \_\_\_\_\_

Segment 3B Segment Description

Est. Submittal Date \_\_\_\_\_

Segment 3C Segment Description

Est. Submittal Date \_\_\_\_\_

#### Phase 4 – Implementation (Final Review)

Segment 4 Segment Description

Est. Submittal Date \_\_\_\_\_





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### Deferred Items

Discipline	Applicant Tracking Number	Description of Deferred Item
<input type="checkbox"/> Architectural		
<input type="checkbox"/> Architectural		
<input type="checkbox"/> Demolition/Site		
<input type="checkbox"/> Electrical		
<input type="checkbox"/> Engineering Geologic		
<input type="checkbox"/> Fire and Life Safety		
<input type="checkbox"/> Fire and Life Safety		
<input type="checkbox"/> Fire and Life Safety		
<input type="checkbox"/> Fire and Life Safety		
<input type="checkbox"/> Fire and Life Safety		
<input type="checkbox"/> Geotechnical		
<input type="checkbox"/> Mechanical		
<input type="checkbox"/> Secondary Structural		
<input type="checkbox"/> Structural		
<input type="checkbox"/> Structural		
<input type="checkbox"/> Structural		
<input type="checkbox"/> Structural		
<input type="checkbox"/> Structural		
<input type="checkbox"/> Supplemental Ground Response		

### Structural Analysis Software

Structural Analysis Software Used (check all that apply)

<input type="checkbox"/> Enercalc	<input type="checkbox"/> LPile	<input type="checkbox"/> Perform 3D	<input type="checkbox"/> RISA 3D
<input type="checkbox"/> ETABS	<input type="checkbox"/> PCA Column	<input type="checkbox"/> RAM Structural System	<input type="checkbox"/> SAFE
<input type="checkbox"/> LGBeamer	<input type="checkbox"/> PCA Slab	<input type="checkbox"/> Retain Pro	<input type="checkbox"/> SAP 2000
			<input type="checkbox"/> Other _____

**For construction in Northern California,  
Seismic Review and Clinics, submit to:**

Office of Statewide Health Planning and Development  
Facilities Development Division  
400 R Street, Suite 200  
Sacramento, CA 95811  
(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  
700 North Alameda Street, Suite 2-500  
Los Angeles, CA 90012  
(213) 897-0166 phone  
(213) 897-0168 fax







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

### INSTRUCTIONS FOR APPLICATION FOR NEW PROJECT (OSH-FD-121)

This form is required for all application submittals and is to be accompanied by all required project specific forms.

Note: If licensure by the California Department of Public Health is not required by your facility, review by OSHPD is not required; therefore this application is not required. Contact the local jurisdiction for submittal requirements.

#### Project

The selected box indicates the type of application for submittal.

#### Facility

- Enter the Office of Statewide Health Planning and Development (OSHPD) facility identification number. If this application is for construction of a new facility and an OSHPD facility identification number has not yet been assigned, contact the office for this number.
- Enter the name of the facility as it appears on the facility license.
- Enter the building number and name which the requested work is to be performed.
- Check the box for the type of facility as it is licensed.

#### Address

- Enter the facility street address, city, county, zip code and phone number.

#### Contact

Note: Copies of all correspondence will be sent to the facility representative. If a facility representative address is not 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 contact information for the legal owner / administrator (this information is required for all applications), authorized agent, and facility representative. Include the name, organization name, street address, city, state, zip code, phone number, fax number and email address. Information for accounting, applicant, and billing is optional. If additional space is needed, duplicate this page.
- A signature and date are required for the legal and authorized agent. If an authorized agent is signing on behalf of the legal owner /administrator, the authorization must be attached.
- Indicate who will be the primary contact for this project.
- Provide any additional information in the notes area, as necessary.

#### Record Detail

- Enter the record/project name.
- Enter a detailed description of the work to be performed.

#### Application Specific Information – Plan Review

- Indicate the type of submittal for this project by placing a check in the appropriate box. If selecting a collaborative review, phased review or collaborative phased review, complete the Phase Master Plan section.
- Indicate if a managed project review is requested. Refer to Title 24, California Administrative Code, Section 7-111, Definitions.
- If preliminary or final is checked as the type of submittal, enter the date of the presubmittal meeting (for projects with an estimated construction cost greater of \$20 million and above).
- Check the box for the kind of project. Refer to Title 24, California Administrative Code, Section 7-111, Definitions.
- Enter the total bed count before construction and after construction. If the bed count is not being affected by this project, this information is not required.





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

### INSTRUCTIONS FOR APPLICATION FOR NEW PROJECT (continued) (OSH-FD-121)

- Enter the square footage of the project. For new building construction and additions, the square footage shall be the total building area as defined in the California Building Code, Section 502.1 for AREA, BUILDING for all floors, including basements, penthouses, canopies, etc. For remodels, the square footage shall be the total building area included within the scope of the work. For example, if a unit is being converted from Acute Care to Skilled Nursing, the square footage will include the total building area of the unit, not just the area of the rooms or spaces in which actual construction work occurs. Equipment replacements shall be considered remodels and the square footage shall be the building area within the room, space, or equipment pad, as applicable to accommodate the replacement. For example, if you are replacing a CT Scanner, the square footage is the area of the CT Scan Room. If a chiller is being added or replaced, the square footage would be the area of the chiller pad and not of the entire central plant. If additional related work is included in the scope of work, include the building area within the scope boundaries. The square footage for maintenance work shall be zero.
- Indicate if the project includes primary gravity and/or lateral load elements/systems.
- Indicate if the project is a Seismic Compliance Construction Project. **If yes, the Seismic Compliance section must be completed.**
- Indicate if the project is billed to an Annual Permit.

#### Professionals

Note: Plans returned for correction or stamping will be sent to the responsible primary, as indicated in this section.

- Enter the contact information for the professionals responsible for this project. Include the license/certificate number, name, alternate contact, organization name, street address, city, state, zip code, phone number, fax number and email address.
- Indicate the discipline in responsible charge of the project by selecting Responsible Primary. If plans need to be returned, they will be sent to this individual. A licensed specialty contractor can only be responsible on projects pursuant to Title 24, California Administrative Code, Section 7-115 (c).
- If additional space is necessary, duplicate the page.

#### Costs

- Select whether the costs indicated are contract or estimated.
- Enter the construction cost of the project excluding fixed equipment to be permanently attached (electrically, mechanically or structurally) to the building, imaging equipment, design fees, inspection fees, and off-site improvements. For SB 1838 projects, this amount must not exceed \$50,000.
- Enter the cost or value of fixed equipment (items that are permanently affixed to the building or permanently connected to a service distribution system that is designed and installed for the specific use of the equipment), excluding installation costs.
- Enter the cost or value of imaging equipment (X-ray, MRI, CT Scan, etc.), excluding installation cost.

#### Fee Information:

Acute Care Hospital fees shall be 1.64% of the contract/estimated construction cost, including fixed equipment. Imaging equipment shall be 0.164% of the contract/estimated cost or value.

Skilled Nursing Facility fees shall be 1.5% of the contract/estimated construction cost, including fixed equipment.





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

### INSTRUCTIONS FOR APPLICATION FOR NEW PROJECT (continued) (OSH-FD-121)

#### Enclosures

- Indicate the number of copies enclosed in the space provided, next to the applicable enclosure type.

Note: Submit two (2) sets of plans, specifications, structural calculations, and equipment anchorage calculations.

Submit three (3) sets of geotechnical reports for projects involving new facilities and additions to existing facilities.

Submit two (2) copies of the Testing, Inspection, and Observation Program (TIO).

Submit one (1) copy of the design program (optional).

Submit one (1) copy of the required verification of conformance to local code.

#### Seismic Compliance

This section must be completed when submitting Seismic Compliance Construction Projects.

- Provide the following information for each building in this project:
  - Building number and name
  - Deficiencies mitigated by this project
  - Enter the Structural Performance Category (SPC) before and after construction, and if this is full or partial compliance.
  - Enter the Nonstructural Performance Category (NPC) before and after construction, and if this is full or partial compliance.

Note: Full Compliance should only be chosen if this Seismic Compliance Construction Project meets all requirements for SPC/NPC compliance for the listed building as designated in the Seismic Compliance section.

#### Phase Master Plan

This section must be completed when submitting Phased and Collaborative review projects.

#### Deferred Items

Note: Where a portion of the design cannot be fully detailed on the approved construction documents because of variations in product design and manufacture, the approval of the construction documents for such portion may be deferred until the material suppliers are selected. OSHPD has sole discretion as to the portions of the design that may be deferred. All deferred items allowed by OSHPD must be clearly described on the construction documents. Deferred submittals must comply with Title 24, California Administrative Code Section 7-126.

#### Structural Analysis Software

- Indicate the type of structural design software used in the preparation of the design.

Note: If your designs were not prepared using software listed in this area, please be advised that plan review may be delayed while OSHPD develops a work-around, or purchases the software indicated.

