OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION

RECEIVED

OFFICE USE ONLY	
Project#	Increment #
PAD-	

Post Approval Document

Facility

Project # _____

Facility # _____ Facility 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

Record Detail

Record/Project Name _____

Detailed Description

Application Specific Information – Post Approval Document

Submittal Type ❑ Amended Construction Document ❑ Deferred Item (Include Project Information form OSH-FD-100.)

Applicant Tracking Number _____

Reason for Change

Scope of Change

PROFESSIONAL

By my signature below, I acknowledge that the documents for the submittal type above have been reviewed and have been found to be in general conformance with the design of the project.

Signature of Architect or Engineer in Responsible Charge _____ Date _____

Signature of Structural Engineer _____ Date _____
(Required on projects that include primary gravity and/or lateral load elements/systems)

Application Specific Information – Critical Path Expedite Review

❑ Critical Path Expedite Review Requested

Justification

OFFICE USE ONLY - OSHPD APPROVAL

Printed Name _____ Title _____

Signature _____ Date _____

Post Approval Document

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Costs

Cost Type ❑ Estimated ❑ Contract

Change in 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 $ _____ ❑ Add ❑ Deduct

Change in Fixed Equipment Costs
*(sterilizers, chillers, boilers, etc., **excluding** installation)* $ _____ ❑ Add ❑ Deduct

Change in Cost of Imaging Equipment
*(X-ray, MRI, CT Scan, etc., **excluding** installation cost)* $ _____ ❑ Add ❑ Deduct

Note: See Instructions for Fee Information

Reason

Enclosures

Number of Copies	Enclosure Type	Number of Copies	Enclosure Type
_____	Contract Information	_____	Site Data Reports
_____	Design Program	_____	Specifications
_____	Equipment Anchorage Calculations	_____	Structural Calculations
_____	Geotechnical Reports (for Buildings and Additions)	_____	Testing, Inspection and Observation Program (TIO)
_____	Letter of Authorization	_____	Verification of Conformance to Local Codes
_____	Plans	_____	Other _____
_____	Project Schedule		

List all drawing sheets included with submittal:

INSTRUCTIONS FOR POST APPROVAL DOCUMENT
(OSH-FD-125)

If this is a Deferred Item this form must be accompanied by a Project Information form OSH-FD-100.

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.

Facility

- Enter the Office of Statewide Health Planning and Development (OSHPD) project number.
- Enter the OSHPD facility identification number.
- Enter the name of the facility as it appears on the facility license.
- Enter the OSHPD building number and building name where the work is to be performed.
- Indicate the type of facility as it is licensed.

Record Detail

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

Application Specific Information – Post Approval Document

Note: A non-refundable application fee of $250.00 will be assessed for each Post Approval Document Submittal.
Indicate if the Post Approval Document submittal is for an Amended Construction Document or a Deferred Item. If this is a Deferred Item this form must be accompanied by a Project Information form OSH-FD-100.

- Provide an applicant tracking number, if applicable.
- Provide a reason this change is being requested.
- Provide the scope of the change being requested.
- Provide the signature of the architect or engineer in responsible charge of the project, and date. If this application is for a project that includes primary gravity and/or lateral load elements/systems, provide the signature of the Structural Engineer, and date.

Application Specific Information – Critical Path Expedite Review

- Indicate if requesting a Critical Path Expedite Review (CPER).
- Provide justification for this request, if applicable.

Costs

- Select whether the costs indicated are estimated or contract.
- Enter the amount of change in 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 amount of change in 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 amount of change in cost or value of imaging equipment (X-ray, MRI, CT Scan, etc.), excluding installation cost.

Enclosures

- Indicate the number of copies enclosed in the space provided, next to the applicable enclosure type.
- List all drawing sheets included with this submittal.

INSTRUCTIONS FOR POST APPROVAL DOCUMENT (continued)
(OSH-FD-125)

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.

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

Office of Statewide Health Planning and Development
Facilities Development Division
2020 W. El Camino Ave., Suite 800
Sacramento, CA 95833
(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
355 South Grand Avenue, Suite 1900
Los Angeles, CA 90071
(213) 897-0166 phone
(213) 897-0168 fax