



RECEIVED

OFFICE USE ONLY	
Project #	Increment #

## Application for Incremental Project Master

### Facility

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

HCAI 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 – Plan Review

Submittal Type  Collaborative Phased Review Requested  Final

Collaborative Review Requested  Phased Review Requested

Preliminary

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 (If yes, complete Application for Seismic Compliance Construction Project)

Managed Project Requested  Yes  No

### Costs

Cost Type  Estimated  Contract

**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) \$ \_\_\_\_\_

**Total Costs**  
(Combined total of Construction Costs and Fixed Equipment Costs, excluding Imaging Equipment) \$ \_\_\_\_\_

**Cost of Imaging Equipment**  
(X-ray, MRI, CT Scan, etc., excluding installation cost) \$ \_\_\_\_\_

Note: See Instructions for Fee Information

Reason \_\_\_\_\_



### Application for Incremental Project Master

Project Schedule					
Increment Number	Increment Description/Scope	Estimated Submittal Date	Construction Cost	Fixed Equipment Cost	Imaging Equipment Cost
<b>Total</b>					
Total of all columns must match Costs entered on Page 1					



## Application for Incremental Project Master

### 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	_____	

### Deferred Items

Discipline	Applicant Tracking Number	Description of Deferred Item (duplicate page if needed)
<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"/> Eneccalc | <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 _____ |



**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION  
OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENT**

**INSTRUCTIONS FOR APPLICATION FOR INCREMENTAL PROJECT MASTER  
(HCAI-OSH-127)**

This form must be accompanied by a Project Information form HCAI-OSH-100.

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

**Facility**

- Enter the Department of Health Care Access and Information (HCAI) facility identification number. If this application is for construction of a new facility and a HCAI 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 HCAI 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 – 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 form (HCAI-OSH-120).
- Indicate if a managed project review is requested. A managed project consists of negotiation of plan review and construction schedules and deadlines between HCAI and the governing board or authority of the facility. If a managed project is requested, an HCAI project manager will be in contact with the applicant to set up a meeting.
- 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.
- 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, an Application for Seismic Compliance Construction Project form (HCAI-OSH-110) must be completed.
- Indicate if the project is billed to an Annual Permit.



**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION  
OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENT**

**INSTRUCTIONS FOR APPLICATION FOR INCREMENTAL PROJECT MASTER** (continued)  
(HCAI-OSH-127)

**Costs**

- Select whether the costs indicated are estimated or contract.
- 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 total costs (the combined total of construction costs and fixed equipment costs, excluding imaging equipment).
- 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 2.0% of the contract/estimated construction cost, including fixed and imaging equipment for any project less than \$250,000.

Acute Care Hospital fees shall be 1.64% of the contract/estimated construction cost, including fixed and imaging equipment for any project \$250,000 or more.

The fee rate is based upon the initial contract/estimated costs and will remain constant for the project's duration.

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

**Project Schedule**

- Enter the schedule of Increments for this project.
- Provide a brief description of the Increment scope.
- Enter the anticipated date the plans for the Increment will be submitted for review.
- Enter the estimated construction cost for each Increment excluding fixed equipment to be permanently attached (electrically, mechanically or structurally) to the building, imaging equipment, design fees, inspection fees, and off-site improvements.
- 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) for each Increment, excluding installation costs.
- Enter the cost or value of imaging equipment (X-ray, MRI, CT Scan, etc.) for each Increment, excluding installation cost.
- Enter the total costs (the combined total of construction costs, fixed equipment costs and imaging equipment costs) for all of the Increments. The total costs must match the project Costs entered on Page 1.

**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.



## DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENT

### 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. HCAI has sole discretion as to the portions of the design that may be deferred. All deferred items allowed by HCAI 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/s 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 HCAI develops a work-around, or purchases the software indicated.

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

**Email:** [OSHPDSacProjectSupport@hcai.ca.gov](mailto:OSHPDSacProjectSupport@hcai.ca.gov)

*"or by mail"*

Department of Health Care Access and Information  
Office of Statewide Hospital Planning and Development  
2020 W. El Camino Avenue, Suite 800  
Sacramento, CA 95833  
**Phone:** (916) 440-8300  
**Fax:** (916) 274-0102

**For construction in Southern California, submit to:**

**Email:** [OSHPDLAProjectSupport@hcai.ca.gov](mailto:OSHPDLAProjectSupport@hcai.ca.gov)

*"or by mail"*

Department of Health Care Access and Information  
Office of Statewide Hospital Planning and Development  
355 South Grand Avenue, Suite 1900  
Los Angeles, CA 90071  
**Phone:** (213) 897-0166  
**Fax:** (916) 274-0102