



RECEIVED

OFFICE USE ONLY	
Project #	_____
PAD -	_____

### Deferred Approval Submittal

#### Facility

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

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 – Deferred Approval Submittal Item

Applicant Tracking Number \_\_\_\_\_

Deferred Submittal Item

#### Professionals

Type of Licensed Professional \_\_\_\_\_ License/Certificate Number \_\_\_\_\_

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

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

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

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

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

Email \_\_\_\_\_

#### DESIGN PROFESSIONAL OF RECORD

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)



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

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Project # _____
PAD- _____

## Deferred Approval Submittal

### 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:

### OFFICE USE ONLY - HCAI APPROVAL

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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

**INSTRUCTIONS FOR DEFERRED APPROVAL SUBMITTAL  
(HCAI-OSH-128)**

**Facility**

- Enter the Department of Health Care Access and Information (HCAI) project number.
- Enter the HCAI facility identification 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 from the parent record/project.
- Enter the detailed description of the work from the parent record/project.

**Application Specific Information – Deferred Approval Submittal**

Note: A non-refundable application fee of \$250.00 will be assessed for each Deferred Approval Submittal.

- Provide an applicant tracking number, if applicable.
- Indicate the scope of the deferred approval submittal, i.e. fire alarm, fire sprinkler, anchorage and bracing, etc.

**Professionals**

- Enter the license and contact information for the Architect or Engineer that has delegated responsibility for the design of the deferred approval submittal.
- 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.

**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.

**Fee Information:**

Fees for Deferred Approval Submittals are included in the fees for the parent project.

**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