



RECEIVED

OFFICE USE ONLY  
Project # \_\_\_\_\_

**Project Cancellation / Withdrawal Notice**

**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 – Project Cancellation / Withdrawal**

This Notice serves as official notification that the above referenced project has been canceled. (Initial both statements)

\_\_\_\_\_ I understand that the facility will be required to submit a new Application for New Project form and construction documents, along with the appropriate filing fees, should this project be reactivated in the future.  
Initial \_\_\_\_\_

\_\_\_\_\_ I understand that a fee refund is required to be requested in writing, in accordance with CAC Section 7-134(a), which states the following:  
Initial \_\_\_\_\_

(a) Upon written request from the applicant, a fee refund may be issued pursuant to this section.

1. The written refund request must be submitted to the Office within:
  - a. One year of the date that a project is closed,
  - b. One year of the date the project is withdrawn by the applicant, or
  - c. One year of the date when an application may become void, based on the requirements of Section 7-129, Time Limitations for Approval.

**Status of Plan Review / Construction**

This Notice is submitted

- Prior to the start of plan review  After the start of plan review and prior to the start of construction
- Construction has begun. HCAI Compliance Officer has verified canceling the project does not impact the building's safety features or pose an undue risk to the health and welfare of the patients, staff, or public. **(Attach CO report)**

**Applicant**

Project Cancellation / Withdrawal Notice made by

- Administrator  Authorized Agent (Authorization must be attached)  Legal Owner

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_



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

**INSTRUCTIONS FOR PROJECT CANCELLATION / WITHDRAWAL NOTICE  
(HCAI-OSH-129)**

**Note: This form is REQUIRED for canceling or withdrawing a project.**

**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.
- Enter a detailed description of the work to be performed.

**Application Specific Information – Project Cancellation / Withdrawal**

- Read both statements, and acknowledge by initialing on the lines provided.
- Indicate the current status of the project that is to be canceled / withdrawn. If construction has already begun, an HCAI Compliance Officer must be contacted and an HCAI Field Visit Report must be included with this Notice.

**Applicant**

Note: A Project Cancellation / Withdrawal Notice must be requested by the Administrator, Authorized Agent, or the Legal Owner.

- Indicate if this Notice is being submitted by the Administrator, Authorized Agent (attach authorization), or the Legal Owner, print their respective name, provide their signature, and date.

**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