



RECEIVED

OFFICE USE ONLY
Project #

Fee Refund Request

Facility

Project # _____

Facility # _____ Facility Name _____

Record Detail

Record/Project Name _____

Detailed Description _____

Fee Refund Information

In accordance with the California Administrative Code, Section 7-134, a request for a Fee Refund shall be submitted to HCAI:
(Check all that apply)

- Within one year of the date that a project is closed
- One year of the date the project is withdrawn by the applicant
- One year of the date when an application may become void, based on the requirements of Section 7-129, Time Limitations for Approval.
- Project is complete.
- Project was Withdrawn or Canceled.
 - Project withdrawn prior to commencement of plan review.
 - Project withdrawn after commencement of plan review and prior to commencement of construction.
 - Project canceled after commencement of construction.
 - Withdrawn project submitted under an Annual Permit.
 - Project is exempt from the plan review process or otherwise not reviewable under the HCAI jurisdiction.

Fee Refund is based on the following:

Estimated Construction Cost _____

Final Construction Cost: _____

Plan Review Fees Paid: _____

Plan Review Final Fees: _____

Total Refund: _____

Applicant

Fee Refund request made by

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

Signature _____

Print Name _____

Date _____

Title _____

Phone _____

Email Address _____

Please mail the refund to the following address: _____



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

INSTRUCTIONS FOR REQUESTING A FEE REFUND
(HCAI-OSH-130)

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.

Record Detail

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

Fee Refund Information

- Check each box that applies to the project.
 - For projects that are completed, if the estimated construction cost of a project exceeds the actual construction cost by more than 5%, the excess portion of the fees paid may be refunded.
 - For projects that are withdrawn or canceled:
 - If the project is withdrawn prior to commencement of plan review, the total fee, exclusive of the \$250 application fee, may be refunded.
 - If the project is withdrawn after commencement of plan review and prior to commencement of construction, 30% of the fee submitted for that project may be refunded.
 - If the project is canceled after commencement of construction, HCAI shall not issue a refund.
 - If a project submitted under an Annual Permit is withdrawn, the \$250 application fee shall not be refunded.
 - If fees are paid for a project that is determined by HCAI to be exempt from the plan review process or otherwise not reviewable under HCAI jurisdiction, the total fee, exclusive of the \$250 application fee, may be refunded.
 - Provide the project Estimated Construction Cost, Final Construction Cost (if applicable), amount of Plan Review Fees Paid, the Plan Review Final Fees (if applicable) and the Total Refund.

Applicant

Refund 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.
- Provide the address where the fee refund should be mailed.

Submit Refund Request to:

Email: OSHPDAccounting@hcai.ca.gov

"or by mail"

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