RECEIVED



			OFFICE USE ONLY			
				Project #		Increment #
Application	for Building	g Permit		BP #		
Facility						
Project #						
	BLD -					
Type of Facility	Acute Psychiatric Correctional Trea	•	General Acute C Licensed Clinic	are Hospital	Skilled Nursing or	Intermediate Care Facility
Application S	pecific Informa	tion – Buildin	ng Permit			
Construction Pe	rformed By (check o	one)				
Licensed Cor	tractor					
State of California Contractor's License Number				Class	Expirat	tion Date
			I.I. Last I			
Street Address						
Address Line 2						
City					ode	
CALIFORNIA I hereby affirn	LICENSED CONT	RACTOR'S DEC erjury that I am lic	LARATION	ns of Chapter		ection 7000) of Division 3
Contractor or	Authorized Agent's	Name				
Signature				Date		
	-					

Owner/Builder

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors State License Law for the following reason(s) indicated below by the checkmark(s) I have placed next to the applicable items(s) below: (Sec. 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he/she is licensed pursuant to the provisions of the Contractors State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he/she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars [\$500].).

Please check all that apply for the following:

I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.).

□ I am exempt under Section: _____, Building and Professions Code for this reason:

□ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a contractor(s) licensed pursuant to the Contractor's State License Law.).

By my signature below I acknowledge that, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following website: http://leginfo.legislature.ca.gov/.

Signature of Legal Owner or Authorized Agent ____





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	OFFICE USE ONLY
	Project # Increment #
Application for Building Permit	BP #
Application Specific Information – Building Permit	
Worker's Compensation Coverage	
WORKERS' COMPENSATION DECLARATION (Section 3800, Labor	Code):
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION CO EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ON ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PRO INTEREST, AND ATTORNEY'S FEES.	IE HUNDRED THOUSAND DOLLARS (\$100,000), IN
I herby affirm under penalty of perjury one of the following declarations	:
Exempt: I certify that, in the performance of the work for which this so as to become subject to the workers' compensation laws of Cali workers' compensation provisions of Section 3700 of the Labor Co	fornia, and agree that, if I should become subject to the
Insured through Carrier: I have and will maintain workers' compe Code, for the performance of the work for which this permit is issue number are:	
Policy # Insurance Carrier	Expiration Date
Insurance Agent Name Insura	nce Agent Phone Copy Attached
Self-insured: I have and will maintain a certificate of consent to se Industrial Relations as provided for by Section 3700 of the Labor C issued.	
Certificate #	Copy Attached
Applicant's Signature	Date
Costs	
Contract design fees, inspection fees, Notes: For SB 1838 projects, this amour For Incremented projects include the combin	nt must not exceed \$50,000
(sterilizers, chillers, boilers,	etc., excluding installation) \$
(X-ray, MRI, CT Scan, etc.,	of Imaging Equipment excluding installation cost) \$ ructions for Fee Information
Reason	



BUILDING PERMIT

				<mark>This pe</mark>	ermit shall be posted.		
Facility Build	ing Permit						
Project #	_						
•	BL <u>D -</u>	Building Name					
Type of Facility	 Acute Psychiatric Correctional Treat 		General Acute Care Hos Licensed Clinic	spital 🔲 Skilled	Nursing or Intermediate Care Facility		
Record Detai	I						
Record/Project N	lame						
Detailed Descript	tion						
PERMIT EXPIRES IF AUTHORIZED WORK IS NOT COMMENCED WITHIN ONE YEAR AFTER OBTAINING THE WRITTEN APPROVAL OF CONSTRUCTION DOCUMENTS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR FOLLOWING ITS COMMENCEMENT.							
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances, rules, regulations and state laws relating to building construction, and with any and all conditions of permit. I hereby authorize representatives of HCAI to enter upon the above-identified property for inspection purposes.							
Printed Name			A	uthorized Agent	Legal Owner		
Signature			Date				
OFFICE USE	ONLY						
Project # BP #		Increment #					

Permit issued on _____

By_

Regional Compliance Officer, Department of Health Care Access and Information

Special Conditions



INSTRUCTIONS FOR APPLICATION FOR BUILDING PERMIT

(HCAI-OSH-302)

This form should be submitted following plan approval or in conjunction with an SB 1838 or AB 2632 project.

Note: Permit expires if authorized work is not commenced within one year after obtaining the written approval of construction documents, or work is suspended or abandoned for a period of one year following its commencement.

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.

Application Specific Information – Building Permit

- Indicate if the construction is to be performed by a Licensed Contractor <u>or</u> Owner/Builder. If by a Licensed Contractor, provide the State of California Contractor's License Number, class, expiration date, Enter the contact information for the contractor responsible for this project. Include the license number, name, organization name, street address, city, state, zip code, phone number, fax number and email address. Contractor or Authorized Agent's name, and sign and date. If by the Owner/Builder, indicate which subsequent selections apply and sign and date. If indicating exemption under a section from the Building and Professions Code, cite the section and provide a reason.
- Indicate the applicable worker's compensation coverage and sign and date. If insured through a carrier, provide the
 policy number, insurance carrier, expiration date, insurance agent name and phone number, and attach a copy of the
 policy certificate. If self-insured, provide the certificate number and attach a copy of the certificate of consent to selfinsure. A certificate of insurance is required for each building permit application.

Costs

- Select whether the costs indicated are estimated or contract.
- Enter the construction cost of the project <u>excluding</u> 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.
- For Incremented projects include the combined costs for all increments.
- 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), <u>excluding</u> 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.



INSTRUCTIONS FOR APPLICATION FOR BUILDING PERMIT (continued) (HCAI-OSH-302)

Facility Building Permit

Note: The Building Permit expires if authorized work is not commenced within one year after obtaining the written approval of construction documents, or work is suspended or abandoned for a period of one year following its commencement.

- Provide the HCAI project number, facility number and name.
- Provide the name of the Authorized Agent or Legal Owner, their signature, date and indicate which has signed for the building permit.

Once signed by the HCAI Regional Compliance Officer, the last page of this application shall serve as the Building Permit and must be displayed.

For construction in <u>Northern California</u> and Seismic Compliance Review submit to:

Email: OSHPDLAProjectSupport@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 <u>Southern California</u>, submit to:

Email: 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