





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

OFFICE USE ONLY	
Project #	Increment #
BP #	

## Application for Building Permit

### Application Specific Information – Building Permit

#### Worker's Compensation Coverage

**WORKERS' COMPENSATION DECLARATION** (Section 3800, Labor Code):

**WARNING:** FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

I hereby affirm under penalty of perjury **one** of the following declarations:

**Exempt:** I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

**Insured through Carrier:** I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Policy # \_\_\_\_\_ Insurance Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_

Insurance Agent Name \_\_\_\_\_ Insurance Agent Phone \_\_\_\_\_  Copy Attached

**Self-insured:** I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Certificate # \_\_\_\_\_  Copy Attached

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Costs

Cost Type  Estimated  
 Contract

**Construction Costs**

*(excluding fixed equipment, imaging equipment, design fees, inspection fees, and off-site improvements)*

Notes: For SB 1838 projects, this amount must not exceed \$50,000  
For Incremented projects include the combined costs for all increments

\$ \_\_\_\_\_

**Fixed Equipment Costs**

*(sterilizers, chillers, boilers, etc., excluding installation)*

\$ \_\_\_\_\_

**Cost of Imaging Equipment**

*(X-ray, MRI, CT Scan, etc., excluding installation cost)*

\$ \_\_\_\_\_

Note: See Instructions for Fee Information

Reason



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

**BUILDING PERMIT**

**This permit shall be posted.**

**Facility Building Permit**

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 \_\_\_\_\_

**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 \_\_\_\_\_  Authorized Agent  Legal Owner

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

**OFFICE USE ONLY**

Project # \_\_\_\_\_ Increment # \_\_\_\_\_  
BP # \_\_\_\_\_

Permit issued on \_\_\_\_\_

By \_\_\_\_\_  
Regional Compliance Officer, Department of Health Care Access and Information

**Special Conditions**

\_\_\_\_\_



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

### 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 **or** 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 self-insure. 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 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.
- 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), 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.



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

**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 [Northern California](#) and Seismic Compliance Review 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  
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