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

			Dualast #	OFFICE USE ONLY
nplication	for Building Permit		Project # BP #	Increment #
Facility	Tor Bananing Formit		DF#	
•				
	Facility Nan	ne		
	BLD - Building Na			
	Acute Psychiatric Hospital Correctional Treatment Cente	General Acute (Care Hospital	☐ Skilled Nursing or Intermediate Care Facilit
Application S	pecific Information – Buil	ding Permit		
Construction Pe	rformed By (check one)	_		
☐ Licensed Cor	ntractor			
State of California	Contractor's License Number		Class	Expiration Date
Street Address				
Address Line 2				
City				Code
				Fax
	Authorized Agent's Name			
			Date	
Owner/Builde	er LDER DECLARATION			
I hereby affirm below by the c city or county applicant for t Law (Chapter licensure and	n under penalty of perjury that I al checkmark(s) I have placed next that requires a permit to construct he permit to file a signed stateme 9 (commencing with Section 700	to the applicable items(s ct, alter, improve, demolis ent that he/she is licensed 00) of Division 3 of the Bu ion. Any violation of Sec) below: (Sec sh or repair an d pursuant to t isiness and Pi	License Law for the following reason(s) indicated 7031.5, Business and Professions Code: Any structure, prior to its issuance, also requires the the provisions of the Contractors State License rofessions Code) or that he/she is exempt from any applicant for a permit subjects the applicant
☐ I, as owner intended o an owner of are not intended will ☐ I am exem	r offered for sale (Section 7044, E of property who, through employe ended or offered for sale. If, howe I have the burden of proving that opt under Section:	Business and Profession: es' or personal effort, bu ever, the building or impro- it was not built or improv, Building and Profes	s Code: The Could be considered in the Could be comment is solved for the purposions Code for the code for th	or this reason:
Professions C		nse Law does not apply	to an owner of	o construct the project (Sec. 7044, Business and f property who builds or improves thereon, and r's State License Law.).
constructed in Professions C		rs. I understand that a co	py of the app	built as an owner-builder if it has not been licable law, Section 7044 of the Business and he following website:
Signature of I	Legal Owner or Authorized Age	ent		Date

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.

INTERE	EST, AND ATTORNE	Y'S FEES.		
I herby	affirm under penalty	of perjury one of the following declarations:		
so	as to become subject	the performance of the work for which this permit is issued, I shall reto the workers' compensation laws of California, and agree that, if larger than the provisions of Section 3700 of the Labor Code, I shall forthwith comp	I should become subject to the	
Co		r: I have and will maintain workers' compensation insurance, as requee of the work for which this permit is issued. My workers' compens		
Po	licy #	Insurance Carrier	Expiration Date	
Ins	urance Agent Name	Insurance Agent Phone	Copy Attached	
Ind		d will maintain a certificate of consent to self-insure for workers' com rovided for by Section 3700 of the Labor Code, for the performance		
Се	rtificate #	Copy Attache	ed	
Applica	ant'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 ☐ Correctional Trea	•	☐ General Acute Ca☐ Licensed Clinic	re Hospital	☐ Skilled Nursing or Intermediate Care Facility		
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			☐ Authoriz	ed Agent Legal Owner		
Signature			Date			
OFFICE USE ONLY						
Project # BP #						
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 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 <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), 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.

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