DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENT
2020 West El Camino Avenue, Suite 800, Sacramento, CA 95833 **Phone:** (916) 440-8300 **Fax:** (916) 274-0102
355 South Grand Avenue, Suite 1900, Los Angeles, CA 90071 **Phone:** (213) 897-0166

CERTIFICATE OF INSPECTION AND UTILITY CONNECTION AUTHORIZATION

HCAI Project Number: _____ Increment No.: _____ Facility I.D. No.: _____

Facility Address: _____

_____

Scope of Work/Project: _____

Servicing Utility Company: _____

_____

The service at the above location/project is ready for utility connection. The service is:

☐ Electrical at _____ volts, _____ phase, _____ amperage.

☐ Gas at _____ CFH and designed for gas at a specific gravity of _____ and _____ BTU per cubic foot, delivered at _____ inch water column pressure.

☐ Water with _____ fixture units at _____ gallons per minute and an operating pressure of _____ psi.

To the best of my personal knowledge, as defined in CCR Title 24, Part 1, Section 7-151(b), this utility system has been installed in substantial conformance with the approved plans and specifications and applicable codes and regulations:

_____ _____

Design Professional of Record DPOR Signature License No. Date

This utility system has been inspected and tested in accordance with the approved plans, specifications, applicable codes and regulations and is in compliance:

_____ _____

Inspector of Record IOR Signature HCAI Certification Date

Authorization for connection of utility service:

_____

_____

HCAI Compliance Officer Compliance Officer Signature Date