



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

RECEIVED

OFFICE USE ONLY

Project #

Increment #

Notice of Start of Construction

Facility

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

Applicant

Notice of Start of Construction made by

☐ Legal Owner / Administrator ☐ Authorized Agent (Authorization must be attached)

Print Name _____ Title _____

Signature _____ Date _____

Application Specific Information – Notice of Start of Construction

Planned Construction Start Date _____

Contractor Information License Number _____

First Name _____ M.I. _____ Last Name _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Phone _____ Phone 2 _____ Fax _____

Notes _____

Contract Costs

Contract Award Date _____

Contract Construction Costs
(**excluding** fixed equipment, imaging equipment,
design fees, inspection fees, and off-site improvements) \$ _____

Contract Fixed Equipment Costs
(sterilizers, chillers, boilers, etc., **excluding** installation) \$ _____

Contract Cost of Imaging Equipment
(X-ray, MRI, CT Scan, etc., **excluding** installation cost) \$ _____

Note: See Instructions for Fee Information



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

**INSTRUCTIONS FOR NOTICE OF START OF CONSTRUCTION
(HCAI-OSH-801)**

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.

Record Detail

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

Applicant

- Indicate if this notice is being submitted by the Legal Owner / Administrator or the Authorized Agent (authorization must be attached), and print the respective name, title, sign and date.

Application Specific Information – Notice of Start of Construction

- Enter the planned construction start date.
- Provide the contractor information for the project. Include the Contractor's license number, name, organization name, street address, city, state, zip code, phone number and fax number.

Contract Costs

- Enter the contract award date.
- Enter the contract 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.
- Enter the contract 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 contract 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.

For construction in Northern California and Seismic Compliance Review submit to:

Email: OSHPDSacProjectSupport@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

"or by mail"

Department of Health Care Access and Information
Office of Statewide Hospital Planning and Development
355 South Grand Avenue, 19th Floor
Los Angeles, CA 90071
Phone: (213) 897-0166
Fax: (916) 274-0102