

**OSHPD**



**EXPEDITED BUILDING  
PERMIT FOR  
WALL-MOUNTED  
HANDRAIL  
REPLACEMENT**

**FOR SINGLE STORY  
WOOD OR LIGHT  
STEEL FRAME  
CONSTRUCTION  
SKILLED NURSING  
FACILITIES &  
INTERMEDIATE  
CARE FACILITIES  
(OSHPD 2 Buildings)**

**How - To Guide Series**

**A Companion  
Document to the  
OSHPD FREER  
Manual**

**October 2020**

## EXPEDITED BUILDING PERMIT GUIDE FOR WALL-MOUNTED HANDRAIL REPLACEMENT

The Expedited Building Permit Guides are companion documents to the Office of Statewide Health Planning and Development (OSHPD) Field Review, Exempt, and Expedited Review (FREER) Manual and are intended as general reference guides and/or checklists to facilitate **repair, maintenance, minor renovation/remodeling, or installation of certain equipment** projects.

The Expedited Building Permit Guides are intended only for single-story OSHPD 2 Skilled Nursing Facilities (SNFs) and Intermediate Care Facilities (ICFs) that are of wood-frame or light steel frame construction and excluded from the definition of “Hospital Building” in the California Administrative Code (CAC), ARTICLE 2, Section 7-111.

The use of this Expedited Building Permit Guide is made available for use at the discretion of the facility owner. OSHPD does not mandate the use of the Expedited Building Permit Guide for any condition. Use of project-specific design and construction documents prepared by a California licensed design professional in lieu of using the Expedited Building Permit Guide is always acceptable, and in some cases, may be required.

This Expedited Building Permit Guide gives no consideration to suitability for use in a specific application, compatibility with other building systems, appropriate use of materials or design, appearances, etc. The facility owner and/or his/her authorized agent shall review all such qualities, features, and/or properties to ensure compliance with the California Building Standards Code and all applicable local codes and ordinances, appropriate integration with other building systems, and proper design for the project-specific conditions and installation, etc.

While not mandatory, OSHPD recommends the facility have a California licensed architect or engineer, or a California licensed contractor assist in the review of the code compliance checklist provided in the Guide. In this manner, the facility will have a better understanding of the scope of work that may be required for a code compliant project prior to beginning the work.

### Handrail Replacement

**A handrail replacement requires a Building Permit** but may be exempt from the plan review process in accordance with Health & Safety Code (H&SC) Section 129875. Simple replacement of a handrail in qualifying OSHPD 2 SNFs and ICFs may be considered exempt from plan review if certain criteria are met. This How-To Guide presents those criteria in a checklist format for general assessment of the specific project conditions. Replacement of a handrail without a permit is subject to an investigation fee, submittal of a project to the Office for plan review, demolition and/or rework of defective non-code complying work, etc. in accordance with the California Administrative Code, Title 24, Part 1, Section 7-128 “*Work performed without a permit.*”

The facility owner or his/her authorized agent should review this checklist with the **OSHPD Compliance Officer** to determine program eligibility, to assess the specific project conditions and determination of possible approaches to the application, review, permitting, and construction process. Possible approaches include, but are not limited to:

**Replacement with Minor Work** – For relatively simple replacement of a wall-mounted handrail, where minor modifications (no structural work beyond that which are provided in this guide or shown on OSHPD Preapproved Details (OPDs), repairs, or remedial work is necessary to bring the existing building into compliance with current code, this Expedited Building Permit Guide shall apply. The facility may have the work performed by its maintenance staff or by a California licensed contractor.

**Replacement with More than Minor Work** – For more involved replacement of a wall-mounted handrail where modifications, repairs or remedial work is necessary to bring the building into compliance with current code (such as structural work beyond that shown on details in this guide, or OPDs), the facility shall involve a Design Professional. If the work is of sufficiently limited scope, field review by the Compliance Officer can be used under this Expedited Building Permit guide, however, more involved work will require submittal as a standard project and be reviewed by the Office by the Regional Architectural & Engineering Unit.

**Determination of Eligibility** – Determination of eligibility and appropriate permitting process is the responsibility of the OSHPD Regional Compliance Officer. Facilities are encouraged to work with their OSHPD Compliance Officer prior to assuming eligibility or an approach to permitting. Eligible projects are limited to replacement of existing handrails provided in level patient traffic corridors in skilled nursing and intermediate care facilities. Handrails and/or guard rails associated with stairs or ramps are not eligible for permitting under this guide and require the involvement of a Design Professional.

**Inspections** – The approved Inspector of Record (IOR) shall inspect the work prior to use. Interim inspection will be required when walls, ceilings or other construction materials will cover the finished work. Any deficiencies, identified through inspection, shall be corrected before use of the handrail is permitted. A “Certificate of Compliance” issued by the Compliance Officer is required prior to use of the handrail. Responsible parties shall file verified compliance reports in accordance with the requirements of the Testing, Inspection, and Observation (TIO) Program. (See Appendix A)

**Manufacturer's Written Installation Instructions** – The installation shall comply with the manufacturer's written installation instructions. The installer (facility's maintenance staff/contractor) shall leave or submit to the Compliance Officer the manufacturer's installation instructions in a location on the premises where they will be readily available for reference and guidance for the IOR, OSHPD, service personnel and the owner or operator.

## New Project/Building Permit Application Requirements

- Step 1.** Verify that the project is eligible for this program. Consultation with the OSHPD Compliance Officer is recommended.
- Step 2.** Use the eServices Portal online application process or download and print the Expedited Building Permit Guide and complete the **Wall-Mounted Handrail Replacement Code Compliance Checklist** beginning on Page 4 of this Guide and complete the **Application for New Project/Building Permit** beginning on Page 9 of this Guide. These documents may be filled-in manually or electronically.
- Step 3.** Prepare a plan/sketch showing the location(s) of where the Handrail(s) will be installed.
- Step 4.** If not using the online application, print one (1) complete set of the entire package (the "Expedited Building Permit Guide" with completed checklist and application, sign and date (where required) and mail or deliver to:

*For construction in [Northern California](#), submit to:*

Office of Statewide Health Planning and Development  
Facilities Development Division  
2020 West El Camino Avenue, Suite 800  
Sacramento, CA 95833  
(916) 440-8300 phone  
(916) 324-9188 fax

*For construction in [Southern California](#), submit to:*

Office of Statewide Health Planning and Development  
Facilities Development Division  
355 S. Grand Avenue, Suite 1900  
Los Angeles, CA 90071  
(213) 897-0166 phone  
(213) 897-0168 fax

**Upon issuance of the building permit for the project by the OSHPD, you may submit a construction start letter and begin replacement of the handrail.**

**The following questions based on your answer may have requirements. These requirements will be communicated to you by the OSHPD Regional Compliance Officer.**

## WALL-MOUNTED HANDRAIL REPLACEMENT CODE COMPLIANCE CHECKLIST

**NOTE:** The OSHPD Compliance Officer will field verify compliance with the following checklist and additional work may be required to bring the installation into code compliance if found to be deficient.

		Compliance		
		Yes	No	N/A
<b>PROJECT DESCRIPTION</b>				
1.	The project is for a single-story skilled nursing or intermediate care facility building of wood-frame construction (OSHPD 2 Buildings).	<input type="checkbox"/>	<input type="checkbox"/>	
2.	The project is only for replacement of wall-mounted handrail.	<input type="checkbox"/>	<input type="checkbox"/>	
3.	The Estimated Construction Cost (excluding equipment cost) or Contract Amount does not exceed \$50,000?	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Sketch of floor plan indicating area(s) of work and location(s) where the handrail is to be replaced is provided.	<input type="checkbox"/>	<input type="checkbox"/>	
5.	The details for installation are similar to those provided in this Guide. <i>(To be verified by the OSHPD Compliance Officer for applicability.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>GENERAL REQUIREMENTS</b>				
6.	<b>Contractor.</b> When applicable, every contractor shall be licensed by the State of California.	<input type="checkbox"/>		<input type="checkbox"/>
<b>REPLACEMENT HANDRAIL INSTALLATION REQUIREMENTS</b>				
7.	Supporting wall has full height studs connected at top by ceiling or roof framing members and anchored at the floor/slab. This program may not be used for installation of a handrail to walls that are not full height from floor to ceiling. Wall mounting surface should have a maximum 5/8" thick drywall.	<input type="checkbox"/>	<input type="checkbox"/>	
8.	The handrail will not project horizontally from either side of a corridor more than 3-1/2 inches into the required width of an exit access corridor (corridors serving patient areas require an exit width of 8 feet.). (Section 1012.8, 2013 CBC)	<input type="checkbox"/>		<input type="checkbox"/>

**Compliance**

**Yes**   **No**   **N/A**

**9.** Top of handrail gripping surfaces shall be 30" minimum and 36" maximum vertically above walking surfaces. (Section 1224.4.7.4, 2013 CBC)

Handrails shall be at a consistent height above walking surfaces.

Clearance between handrail gripping surfaces and adjacent surfaces shall be 1½" minimum.

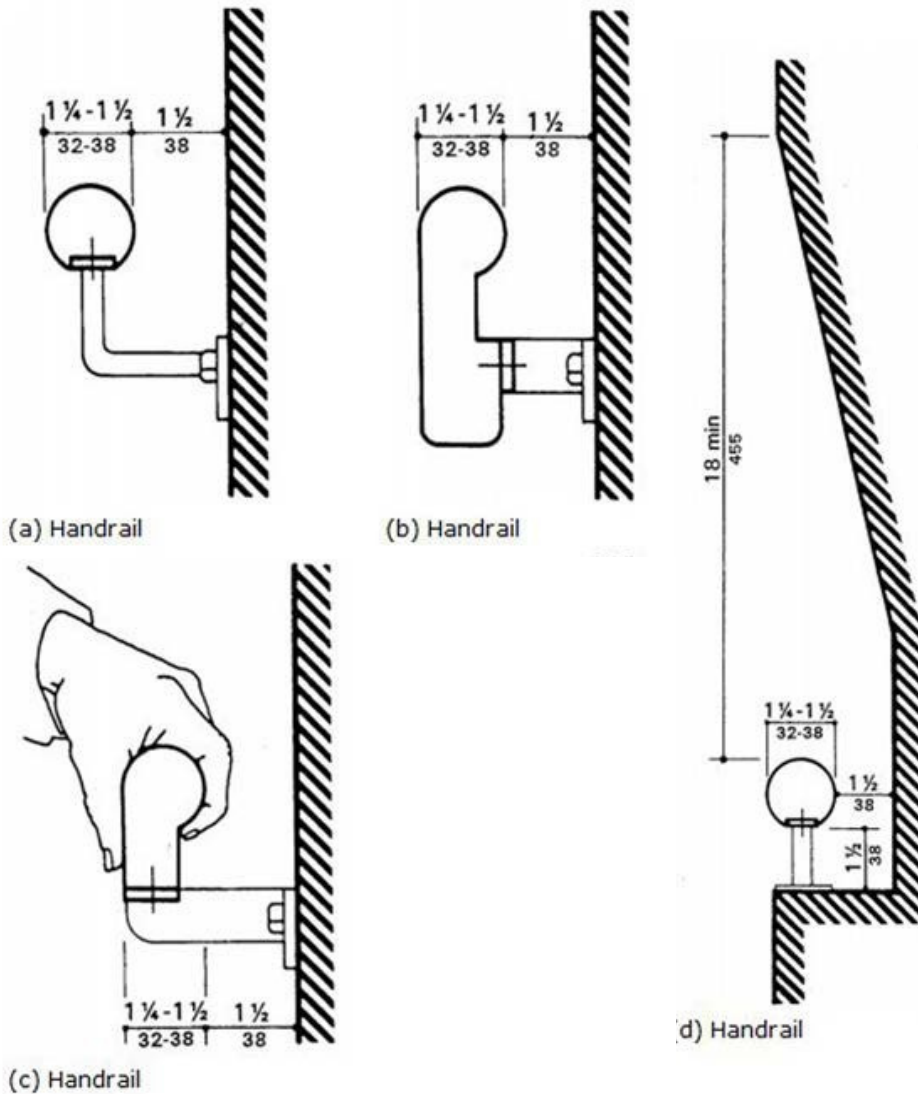
Handrail gripping surfaces shall be continuous along their length and shall not be obstructed for more than 20% of their length.

Where provided, horizontal projections shall occur 1½" minimum below the bottom of the handrail gripping surface.

Handrail gripping surfaces and any surfaces adjacent to them shall be free of sharp or abrasive elements and shall have rounded edges.

Handrails shall not rotate within their fittings. (Section 11B-505, 2013 CBC)

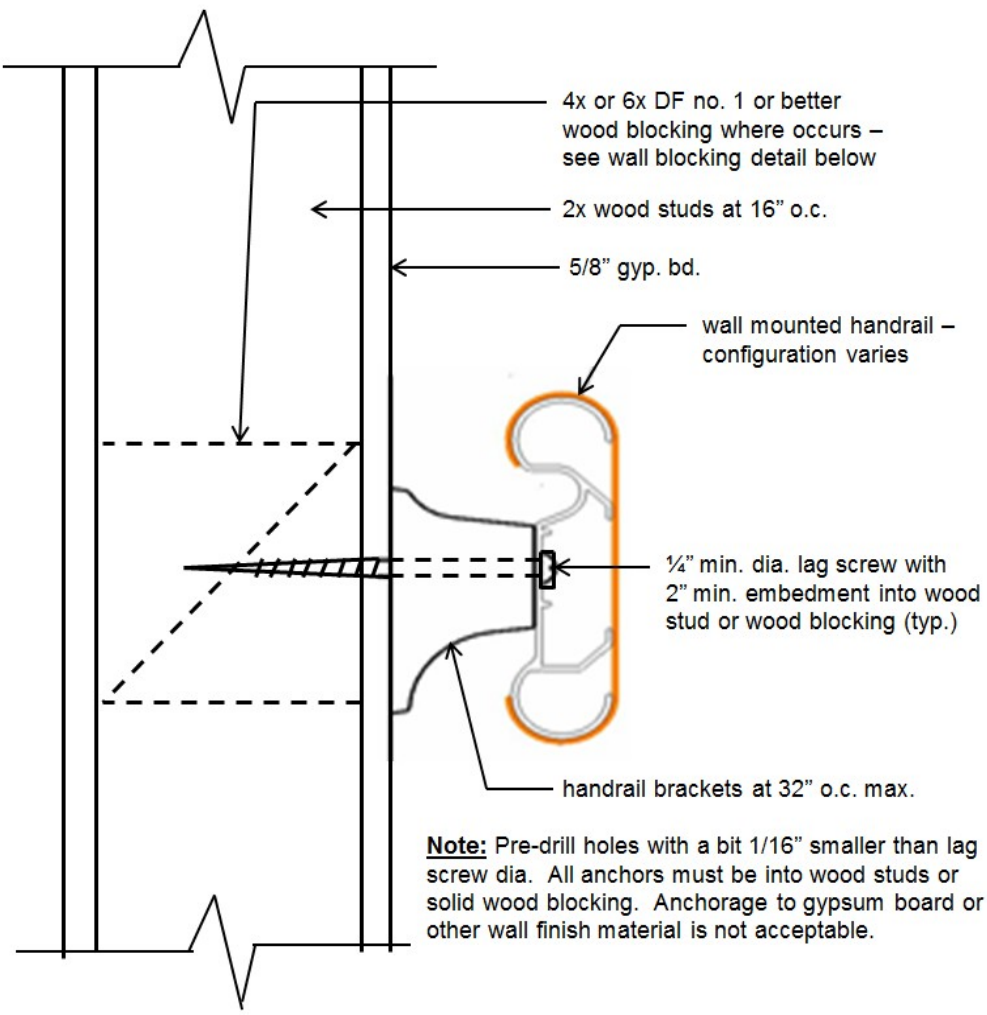
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------



**Compliance**

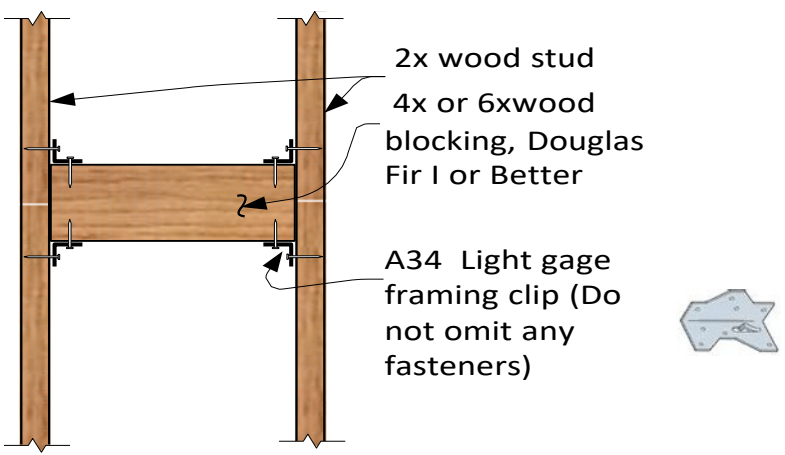
**Yes**   **No**   **N/A**

10. The handrail will be anchored to the wall in accordance with the detail below.



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

11. Blocking will be provided at each handrail bracket in accordance with the detail below.



**WALL BLOCKING DETAIL**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Compliance		
	Yes	No	N/A
<b>12. Note:</b> The details provided herein may require a larger and/or longer fastener, additional blocking, etc. that exceeds the manufacturer's requirements. The most stringent requirements between these details and the manufacturer's requirements must be followed.	<input type="checkbox"/>		<input type="checkbox"/>

***Any "No" answer in the Code Compliance Checklist shall require submittal of plans for review as noted in the "More than Minor Work" requirements herein.***





**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
FACILITIES DEVELOPMENT DIVISION**

2020 West El Camino Avenue, Suite 800, Sacramento, California 95833  
355 South Grand Avenue, Suite 1900 Floor, Los Angeles, California 90071

Phone (916) 440-8300 FAX (916) 324-9188  
Phone (213) 897-0166 FAX (213) 897-0168

**APPENDIX A**

[www.oshpd.ca.gov/fdd](http://www.oshpd.ca.gov/fdd)

**Testing, Inspection and Observation Program**

2019 California Building Standards Code – OSHPD 2

D	CONSTRUCTION OBSERVATION AND REPORTING									FOR OFFICE USE ONLY
	REQUIRED CONSTRUCTION OBSERVATION <i>(See "PERSONAL KNOWLEDGE" as defined in California Administrative Code, Section 7-151)</i>	VERIFIED COMPLIANCE REPORT REQUIRED AS INDICATED <i>(Form OSH-FD-123)</i>								
Ref. No.	*MILESTONES	GEOR	AOR	SEOR	MEOR	EEOR	CONT	SP INSP	IOR	OSHPD FDD
	FINAL VERIFIED COMPLIANCE REPORT AT COMPLETION						X		X	



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**RECEIVED**

**Application for New Project/Building Permit**

**OFFICE USE ONLY**  
**Project #** \_\_\_\_\_

**Facility**

Facility # \_\_\_\_\_ Facility Name \_\_\_\_\_  
OSHPD Building # BLD - \_\_\_\_\_ Building Name \_\_\_\_\_  
Type of Facility  Skilled Nursing or Intermediate Care Facility \_\_\_\_\_

**Record Detail**

Record/Project Name **WALL-MOUNTED HANDRAIL REPLACEMENT**

Detailed Description \_\_\_\_\_

**Application Specific Information**

Submittal Type  Final  
Kind of Project  Remodel/Alteration Use  
Annual Building Permit  Yes  No

**Contact Information**

Primary Type **Legal Owner / Administrator** (Required for All Applications)  
First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Fax \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

Primary Type **Authorized Agent** (Authorization be Attached)  
First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Fax \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_



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**Application for New Project/Building Permit**

**Construction Performed By (check one)**

**Licensed Contractor**

State of California Contractor's License Number \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_

Organization Name \_\_\_\_\_

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Fax \_\_\_\_\_

**CALIFORNIA LICENSED CONTRACTOR'S DECLARATION**

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor or Authorized Agent's Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Email \_\_\_\_\_

**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 \_\_\_\_\_

Date \_\_\_\_\_ Email \_\_\_\_\_



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## Application for New Project/Building Permit

### Workers' Compensation Insurance Coverage

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

**WARNING:** FAILURE TO SECURE WORKERS' COMPENSATION INSURANCE 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 \_\_\_\_\_

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

**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 required 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  
 Contract

**Construction Costs**

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

Note: For SB 1838 projects, this amount must not exceed \$50,000 \$ \_\_\_\_\_

**Fixed Equipment Costs**

*(sterilizers, chillers, boilers, etc., excluding installation)* \$ \_\_\_\_\_

Note: See Instructions for Fee Information

Reason



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**Inspector of Record Applicant**

First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_  
 Organization Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Address Line 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Fax \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

**Application Specific Information – Inspector of Record**

OSHPD Certification Number \_\_\_\_\_ Class  A  B  C  
 Are you engaged in a business or other employment that requires a portion of your time?  Yes  No

If yes, describe below:

**CERTIFICATION OF APPLICANT for INSPECTOR OF RECORD**

I hereby certify that all answers to the questions on this form are true, and I agree and understand that any misstatement of material fact contained in this application will be sufficient cause for my dismissal on this project, and possible suspension or revocation of my Hospital Inspector Certification. If I undertake additional work other than stated herein, I will notify the owner, the Architect, and/or Engineer, and the Office of Statewide Health Planning and Development, without delay. If appointed, I will accept the responsibilities of Inspector of Record on the above-mentioned project and will discharge the duties imposed upon me by all applicable sections of the Health and Safety Code.

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

**LEGAL OWNER**

This person is being employed by the facility subject to the approval of the architect, structural engineer, or other applicable professional engineer, and OSHPD, and is qualified and able to provide competent, adequate and continuous inspection during construction of this project.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

**OSHPD APPROVAL**

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**Enclosures for Project**

Number of Copies	Enclosure Type	Number of Copies	Enclosure Type
1	How - To Guide 4 with Compliance Checklist completed.	1	Plans or sketch showing the location(s) of HVAC units being replaced.
1	Certificate of Insurance from a California licensed or Certificate of Consent to Self-Insure.		Other



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**APPENDIX B**

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**Letter of Authorization**

*(If application is made by an Agent on behalf of the Legal Owner/Administrator)*

**Project #**

**To:** Office of Statewide Health Planning and Development

I hereby authorize:

Name \_\_\_\_\_ Title \_\_\_\_\_

To be known as the "Agent for Legal Applicant" in accordance with the application for New Project and as the "Legal Owner" or "Authorized Agent" on Building Permit, Post Approval Document, Notice of Start of Construction, and other OSHPD FDD forms and required documents, for the facility known as:

Facility Name \_\_\_\_\_ Facility # \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_