



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**

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 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