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ABP #

Application for Annual Building Permit

Facility

Project #
Facility # Facility Name
OSHPD 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

Application Specific Information – Annual Building Permit

THIS ANNUAL PERMIT IS ISSUED TO THE ABOVE NAMED FACILITY FOR THE EXECUTION OF MINOR NON-MAINTENANCE AND REMODELING PROJECTS NOT TO EXCEED FIFTY THOUSAND DOLLARS (\$50,000.00) PER FISCAL YEAR (JULY 1ST - JUNE 30TH) FOR GENERAL ACUTE CARE AND ACUTE PSYCHIATRIC HOSPITALS, AND TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00) PER FISCAL YEAR FOR SKILLED NURSING FACILITIES.

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 the OSHPD to enter upon the above-identified property for inspection purposes.

Printed Name [ ] Authorized Agent [ ] Legal Owner

Signature Date

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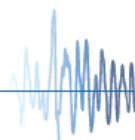
OSHPD APPROVAL

Permit issued on

Printed Name Title

Signature

Special Conditions





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

### INSTRUCTIONS FOR APPLICATION FOR ANNUAL BUILDING PERMIT (OSH-FD-306)

This form must be accompanied by a Project Information form OSH-FD-100.

**Note:** It is not necessary to apply for an Annual Building Permit unless you plan to submit a construction project during the fiscal year (July 1<sup>st</sup> – June 30<sup>th</sup>). If you do apply for an Annual Building Permit and do not submit a project within the fiscal year, the permit fee is not refundable or transferable. A project must still be submitted for plan approval and permitting.

#### Facility

- Enter the Office of Statewide Health Planning and Development (OSHPD) project number.
- Enter the OSHPD facility identification number.
- Enter the name of the facility as it appears on the facility license.
- Enter the OSHPD building number and building name where the work is to be performed.
- Indicate the type of facility as it is licensed.

#### Application Specific Information – Annual Building Permit

- Provide the name of the Authorized Agent or Legal Owner, their signature, date and indicate which has signed for the annual building permit.

#### Fee Information:

General Acute Care Hospital and Acute Psychiatric Hospital fees shall be \$500.00. This fee covers \$50,000.00 of estimated construction costs. If the cost of the project/s constructed under the Annual Building Permit exceeds \$50,000.00, an additional fee of 1.64% of the estimated construction cost above the \$50,000.00 will be assessed.

Skilled Nursing Facility fees shall be \$250.00. This fee covers \$25,000.00 of estimated construction costs. If the cost of the project/s constructed under the Annual Building Permit exceeds \$25,000.00, an additional fee of 1.5% of the estimated construction cost above the \$25,000.00 will be assessed.

#### **For construction in Northern California, Seismic Review and Clinics, submit to:**

Office of Statewide Health Planning and Development  
Facilities Development Division  
2020 W. El Camino Ave., 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 South Grand Avenue, Suite 1900  
Los Angeles, CA 90071  
(213) 897-0166 phone  
(213) 897-0168 fax

