



DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
FACILITIES DEVELOPMENT DIVISION

RECEIVED

OFFICE USE ONLY

Project #

Increment #

Project Application

Project

Type (select one)

- ☐ Alternate Method of Compliance
- ☐ Annual Building Permit
- ☐ Application for Building Permit
- ☐ Application for New Project

Application for Seismic Extension (select one)

- ☐ NPC
 - ☐ SPC Incremental
- (select one)
- ☐ Increment
 - ☐ Master
- Phase Segment

Seismic Retrofit Program (select one)

- ☐ Application for Seismic Evaluation Report
 - ☐ Request for NPC or SPC Upgrade
- Removal of Acute Care Services (select one)
- ☐ HCAI Jurisdiction
 - ☐ Local Jurisdiction

Facility

Project #			
Facility #	Facility Name		
HCAI Building #	BLD -	Building Name	
HCAI Building #	BLD -	Building Name	
HCAI Building #	BLD -	Building Name	
Type of Facility	<input type="checkbox"/> Acute Psychiatric Hospital	General Acute Care Hospital	Skilled Nursing or Intermediate Care Facility
	Correctional Treatment Center	Licensed Clinic	

Address

Street Address			
Address Line 2			
City	County	State	CA Zip Code
Phone			

Contact

☐ 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		
Notes				

☐ Primary Type **Authorized Agent** (Authorization must 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		
Notes				



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Contact

☐ Primary Type Facility Representative

First Name _____ M.I. _____ Last Name _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Phone _____ Phone 2 _____ Fax _____

Email _____

Notes _____

☐ Primary Type ☐ Accounting ☐ Applicant ☐ Billing (duplicate page if needed)

First Name _____ M.I. _____ Last Name _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Phone _____ Phone 2 _____ Fax _____

Email _____

Notes _____

Record Detail

Record/Project Name _____

Detailed Description _____

Application Specific Information – Plan Review

Submittal Type

Examination

Integrated Review Requested

Final

Preliminary

GeoTech Only

SB 1838

Managed Project
Requested

☐ Yes ☐ No

Final Following Preliminary Submitted Date

(Presubmittal meeting – For projects \$20 Million and above) _____

Kind of Project Addition Maintenance New Building Remodel/Alteration

Total Beds Before Construction _____ Total Beds After Construction _____ Square Footage of Project _____

Project includes Primary Gravity and/or Lateral Load Elements/Systems ☐ Yes ☐ No

Seismic Compliance Construction Project ☐ Yes ☐ No

Use Annual Building Permit ☐ Yes ☐ No



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Professionals

☐ Responsible Primary Type **Architect** License/Certificate Number _____
First Name _____ M.I. _____ Last Name _____
Phone _____ Phone 2 _____ Email _____ Fax _____
Designated Alternate Type **Architect** License/Certificate Number _____
First Name _____ M.I. _____ Last Name _____
Phone _____ Phone 2 _____ Email _____ Fax _____
Organization Name _____
Street Address _____
Address Line 2 _____
City _____ State _____ Zip Code _____

☐ Responsible Primary Type **Civil** License/Certificate Number _____
First Name _____ M.I. _____ Last Name _____
Phone _____ Phone 2 _____ Email _____ Fax _____
Designated Alternate Type **Civil** License/Certificate Number _____
First Name _____ M.I. _____ Last Name _____
Phone _____ Phone 2 _____ Email _____ Fax _____
Organization Name _____
Street Address _____
Address Line 2 _____
City _____ State _____ Zip Code _____

☐ Responsible Primary Type **Contractor** License/Certificate Number _____
First Name _____ M.I. _____ Last Name _____
Phone _____ Phone 2 _____ Email _____ Fax _____
Designated Alternate Type **Contractor** License/Certificate Number _____
First Name _____ M.I. _____ Last Name _____
Phone _____ Phone 2 _____ Email _____ Fax _____
Organization Name _____
Street Address _____
Address Line 2 _____
City _____ State _____ Zip Code _____



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Professionals

☐ Responsible Primary Type **Electrical** License/Certificate Number _____
First Name _____ M.I. _____ Last Name _____
Phone _____ Phone 2 _____ Email _____ Fax _____
Designated Alternate Type **Electrical** License/Certificate Number _____
First Name _____ M.I. _____ Last Name _____
Phone _____ Phone 2 _____ Email _____ Fax _____
Organization Name _____
Street Address _____
Address Line 2 _____
City _____ State _____ Zip Code _____

☐ Responsible Primary Type **GeoTechnical** License/Certificate Number _____
First Name _____ M.I. _____ Last Name _____
Phone _____ Phone 2 _____ Email _____ Fax _____
Designated Alternate Type **GeoTechnical** License/Certificate Number _____
First Name _____ M.I. _____ Last Name _____
Phone _____ Phone 2 _____ Email _____ Fax _____
Organization Name _____
Street Address _____
Address Line 2 _____
City _____ State _____ Zip Code _____

☐ Responsible Primary Type **Mechanical** License/Certificate Number _____
First Name _____ M.I. _____ Last Name _____
Phone _____ Phone 2 _____ Email _____ Fax _____
Designated Alternate Type **Mechanical** License/Certificate Number _____
First Name _____ M.I. _____ Last Name _____
Phone _____ Phone 2 _____ Email _____ Fax _____
Organization Name _____
Street Address _____
Address Line 2 _____
City _____ State _____ Zip Code _____



DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION FACILITIES DEVELOPMENT DIVISION

☐ Responsible Primary Type **Structural** License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Designated Alternate Type **Structural** License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____



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Costs

Cost Type ☐ Contract
☐ Estimated

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)

\$

Cost of Imaging Equipment

(X-ray, MRI, CT Scan, etc., **excluding** installation cost)

\$

Note: See Instructions for Fee Information

Reason

Enclosures

Number of Copies	Enclosure Type	Number of Copies	Enclosure Type
	Application for New Project		Plans
	Building Permit Form		Project Schedule
	Certificate of Insurance		Site Data Reports
	Contract Information		Specifications
	Demolition Plans		Structural Calculations
	Design Program		Testing, Inspection and Observation Program (TIO)
	Equipment Anchorage Calculations		Transmittal Letter (Section 7-131)
	Geotechnical Reports (for Buildings and Additions)		Verification of Conformance to Local Codes
	Inspector Qualification Form		Other
	Letter of Authorization		



DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
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Increment #

Seismic Compliance

Building # _____ Building Name _____

Deficiencies Mitigated

SPC From ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 4D ☐ 5 SPC To ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 4D ☐ 5 SPC ☐ Full ☐ Partial
NPC From ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 4D ☐ 5 NPC To ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 4D ☐ 5 NPC ☐ Full ☐ Partial

Building # _____ Building Name _____

Deficiencies Mitigated

SPC From ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 4D ☐ 5 SPC To ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 4D ☐ 5 SPC ☐ Full ☐ Partial
NPC From ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 4D ☐ 5 NPC To ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 4D ☐ 5 NPC ☐ Full ☐ Partial

Building # _____ Building Name _____

Deficiencies Mitigated

SPC From ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 4D ☐ 5 SPC To ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 4D ☐ 5 SPC ☐ Full ☐ Partial
NPC From ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 4D ☐ 5 NPC To ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 4D ☐ 5 NPC ☐ Full ☐ Partial

Building # _____ Building Name _____

Deficiencies Mitigated

SPC From ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 4D ☐ 5 SPC To ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 4D ☐ 5 SPC ☐ Full ☐ Partial
NPC From ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 4D ☐ 5 NPC To ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 4D ☐ 5 NPC ☐ Full ☐ Partial

Building # _____ Building Name _____

Deficiencies Mitigated

SPC From ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 4D ☐ 5 SPC To ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 4D ☐ 5 SPC ☐ Full ☐ Partial
NPC From ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 4D ☐ 5 NPC To ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 4D ☐ 5 NPC ☐ Full ☐ Partial



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Phase Master Plan

Phase 1 – Conceptual/Criteria

Segment	<u>1A</u>	Segment Description		Est. Submittal Date	_____
Segment	<u>1B</u>	Segment Description		Est. Submittal Date	_____
Segment	<u>1C</u>	Segment Description		Est. Submittal Date	_____

Phase 2 – Detailed Design

Segment	<u>2A</u>	Segment Description		Est. Submittal Date	_____
Segment	<u>2B</u>	Segment Description		Est. Submittal Date	_____
Segment	<u>2C</u>	Segment Description		Est. Submittal Date	_____

Phase 3 – Pre-Implementation

Segment	<u>3A</u>	Segment Description		Est. Submittal Date	_____
Segment	<u>3B</u>	Segment Description		Est. Submittal Date	_____
Segment	<u>3C</u>	Segment Description		Est. Submittal Date	_____

Phase 4 – Implementation (Final Review)

Segment	<u>4</u>	Segment Description		Est. Submittal Date	_____
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Deferred Items

Discipline	Applicant Tracking Number	Description of Deferred Item
Architectural		
Architectural		
Demolition/Site		
Electrical		
Engineering Geologic		
Fire and Life Safety		
Fire and Life Safety		
Fire and Life Safety		
Fire and Life Safety		
Fire and Life Safety		
Geotechnical		
Mechanical		
Secondary Structural		
Structural		
Structural		
Structural		
Structural		
Structural		
Supplemental Ground Response		

Structural Analysis Software

Structural Analysis Software Used (check all that apply)

- | | | | |
|-----------------------------------|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Enercalc | <input type="checkbox"/> LPile | <input type="checkbox"/> Perform 3D | <input type="checkbox"/> RISA 3D |
| <input type="checkbox"/> ETABS | <input type="checkbox"/> PCA Column | <input type="checkbox"/> RAM Structural System | <input type="checkbox"/> SAFE |
| <input type="checkbox"/> LGBeamer | <input type="checkbox"/> PCA Slab | <input type="checkbox"/> Retain Pro | <input type="checkbox"/> SAP 2000 |
| | | | <input type="checkbox"/> Other _____ |

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

Department of Health Care Access and Information
Facilities Development Division
2020 W. El Camino Ave., Suite 800
Sacramento, CA 95833
(916) 440-8300 phone
(916) 274-0102 fax

**For construction in Southern California,
North Los Angeles, or South Los Angeles submit to:**

Department of Health Care Access and Information
Facilities Development Division
355 South Grand Avenue, Suite 1900
Los Angeles, CA 90071
(213) 897-0166 phone
(213) 217-8511 fax



DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION FACILITIES DEVELOPMENT DIVISION

INSTRUCTIONS FOR APPLICATION FOR NEW PROJECT (HCAI-FD-121)

This form is required for all application submittals and is to be accompanied by all required project specific forms.

Note: If licensure by the California Department of Public Health is not required by your facility, review by HCAI is not required; therefore this application is not required. Contact the local jurisdiction for submittal requirements.

Project

The selected box indicates the type of application for submittal.

Facility

- Enter the Department of Health Care Access and Information (HCAI) facility identification number. If this application is for construction of a new facility and a HCAI facility identification number has not yet been assigned, contact the office for this number.
- Enter the name of the facility as it appears on the facility license.
- Enter the building number and name which the requested work is to be performed.
- Check the box for the type of facility as it is licensed.

Address

- Enter the facility street address, city, county, zip code and phone number.

Contact

Note: Copies of all correspondence will be sent to the facility representative. If a facility representative address is not entered, copies of all correspondence will be sent to the facility address as indicated on the license, to the attention of Facility Administrator.

- Enter the contact information for the legal owner/administrator (this information is required for all applications), authorized agent, and facility representative. Include the name, organization name, street address, city, state, zip code, phone number, fax number and email address. Information for accounting, applicant, and billing is optional. If additional space is needed, duplicate this page.
- A signature and date are required for the legal and authorized agent. If an authorized agent is signing on behalf of the legal owner/administrator, the authorization must be attached.
- Indicate who will be the primary contact for this project.
- Provide any additional information in the notes area, as necessary.

Record Detail

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

Application Specific Information – Plan Review

- Indicate the type of submittal for this project by placing a check in the appropriate box. If selecting an Integrated Review, complete the Phase Master Plan section.
- Indicate if a managed project review is requested. Refer to Title 24, California Administrative Code, Section 7-111, Definitions.
- If preliminary or final is checked as the type of submittal, enter the date of the presubmittal meeting (for projects with an estimated construction cost greater of \$20 million and above).
- Check the box for the kind of project. Refer to Title 24, California Administrative Code, Section 7-111, Definitions.
- Enter the total bed count before construction and after construction. If the bed count is not being affected by this project, this information is not required.



DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION FACILITIES DEVELOPMENT DIVISION

INSTRUCTIONS FOR APPLICATION FOR NEW PROJECT (continued) (HCAI-FD-121)

- Enter the square footage of the project. For new building construction and additions, the square footage shall be the total building area as defined in the California Building Code, Section 502.1 for AREA, BUILDING for all floors, including basements, penthouses, canopies, etc. For remodels, the square footage shall be the total building area included within the scope of the work. For example, if a unit is being converted from Acute Care to Skilled Nursing, the square footage will include the total building area of the unit, not just the area of the rooms or spaces in which actual construction work occurs. Equipment replacements shall be considered remodels and the square footage shall be the building area within the room, space, or equipment pad, as applicable to accommodate the replacement. For example, if you are replacing a CT Scanner, the square footage is the area of the CT Scan Room. If a chiller is being added or replaced, the square footage would be the area of the chiller pad and not of the entire central plant. If additional related work is included in the scope of work, include the building area within the scope boundaries. The square footage for maintenance work shall be zero.
- Indicate if the project includes primary gravity and/or lateral load elements/systems.
- Indicate if the project is a Seismic Compliance Construction Project. **If yes, the Seismic Compliance section must be completed.**
- Indicate if the project is billed to an Annual Permit.

Professionals

Note: Plans returned for correction or stamping will be sent to the responsible primary, as indicated in this section.

- Enter the contact information for the professionals responsible for this project. Include the license/certificate number, name, alternate contact, organization name, street address, city, state, zip code, phone number, fax number and email address.
- Indicate the discipline in responsible charge of the project by selecting Responsible Primary. If plans need to be returned, they will be sent to this individual. A licensed specialty contractor can only be responsible on projects pursuant to Title 24, California Administrative Code, Section 7-115 (c).
- If additional space is necessary, duplicate the page.

Costs

- Select whether the costs indicated are contract or estimated.
- Enter the 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. For SB 1838 projects, this amount must not exceed \$50,000.
- Enter the 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 cost or value of imaging equipment (X-ray, MRI, CT Scan, etc.), excluding installation cost.

Fee Information:

Acute Care Hospital fees shall be 1.64% of the contract/estimated construction cost, including fixed equipment. Imaging equipment shall be 1.64% of the contract/estimated cost or value.

Skilled Nursing Facility fees shall be 1.5% of the contract/estimated construction cost, including fixed equipment.



DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION FACILITIES DEVELOPMENT DIVISION

INSTRUCTIONS FOR APPLICATION FOR NEW PROJECT (continued) (HCAI-FD-121)

Enclosures

- Indicate the number of copies enclosed in the space provided, next to the applicable enclosure type.

Note: Submit two (2) sets of plans, specifications, structural calculations, and equipment anchorage calculations.

Submit three (3) sets of geotechnical reports for projects involving new facilities and additions to existing facilities.

Submit two (2) copies of the Testing, Inspection, and Observation Program (TIO).

Submit one (1) copy of the design program (optional).

Submit one (1) copy of the required verification of conformance to local code.

Seismic Compliance

This section must be completed when submitting Seismic Compliance Construction Projects.

- Provide the following information for each building in this project:
 - Building number and name
 - Deficiencies mitigated by this project
 - Enter the Structural Performance Category (SPC) before and after construction, and if this is full or partial compliance.
 - Enter the Nonstructural Performance Category (NPC) before and after construction, and if this is full or partial compliance.

Note: Full Compliance should only be chosen if this Seismic Compliance Construction Project meets all requirements for SPC/NPC compliance for the listed building as designated in the Seismic Compliance section.

Phase Master Plan

This section must be completed when submitting Integrated Review projects.

Deferred Items

Note: Where a portion of the design cannot be fully detailed on the approved construction documents because of variations in product design and manufacture, the approval of the construction documents for such portion may be deferred until the material suppliers are selected. HCAI has sole discretion as to the portions of the design that may be deferred. All deferred items allowed by HCAI must be clearly described on the construction documents. Deferred submittals must comply with Title 24, California Administrative Code Section 7-126.

Structural Analysis Software

- Indicate the type of structural design software used in the preparation of the design.

Note: If your designs were not prepared using software listed in this area, please be advised that plan review may be delayed while HCAI develops a work-around, or purchases the software indicated.