



DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION FACILITIES DEVELOPMENT DIVISION

RECEIVED

OFFICE USE ONLY table with columns: Project #, Increment #, BP #

Application for Building Permit

Facility information section including Project #, Facility #, Facility Name, HCAI Building #, Building Name, and Type of Facility (Acute Psychiatric Hospital, General Acute Care Hospital, Skilled Nursing or Intermediate Care Facility, Correctional Treatment Center, Licensed Clinic).

Application Specific Information – Building Permit

Construction Performed By (check one) section including Licensed Contractor and Owner/Builder options, with fields for license number, class, expiration date, name, address, and phone.

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 and Signature/Date fields.

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:

- Checkboxes for: 1. I, as owner of the property, or my employees with wages as their sole compensation, will do the work... 2. I am exempt under Section: Building and Professions Code for this reason: 3. I, as owner of the property, am exclusively contracting with licensed contractors to construct the project...

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 and Date fields.



**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
FACILITIES DEVELOPMENT DIVISION**

OFFICE USE ONLY	
Project #	Increment #
BP #	

Application for Building Permit

Application Specific Information – Building Permit

Worker’s Compensation Coverage

WORKERS’ COMPENSATION DECLARATION (Section 3800, Labor Code):

WARNING: FAILURE TO SECURE WORKERS’ COMPENSATION 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 _____ Insurance Agent Phone _____ Copy Attached

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 provided for 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

Construction Costs

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

*Notes: For SB 1838 projects, this amount must not exceed \$50,000
For Incremented projects include the combined costs for all increments*

\$ _____

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



**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
FACILITIES DEVELOPMENT DIVISION**

BUILDING PERMIT

This permit shall be posted.

Facility Building Permit

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 _____

PERMIT EXPIRES IF AUTHORIZED WORK IS NOT COMMENCED WITHIN ONE YEAR AFTER OBTAINING THE WRITTEN APPROVAL OF CONSTRUCTION DOCUMENTS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR FOLLOWING ITS COMMENCEMENT.

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

Printed Name _____ Authorized Agent Legal Owner
Signature _____ Date _____

OFFICE USE ONLY

Project # _____ Increment # _____
BP # _____

Permit issued on _____

By _____
Regional Compliance Officer, Department of Health Care Access and Information

Special Conditions



DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION FACILITIES DEVELOPMENT DIVISION

INSTRUCTIONS FOR APPLICATION FOR BUILDING PERMIT (HCAI-FD-302)

This form should be submitted following plan approval or in conjunction with an SB-1838 or AB-2632 project.

Note: Permit expires if authorized work is not commenced within one year after obtaining the written approval of construction documents, or work is suspended or abandoned for a period of one year following its commencement.

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.

Application Specific Information – Building Permit

- Indicate if the construction is to be performed by a Licensed Contractor **or** Owner/Builder. If by a Licensed Contractor, provide the State of California Contractor's License Number, class, expiration date, Enter the contact information for the contractor responsible for this project. Include the license number, name, organization name, street address, city, state, zip code, phone number, fax number and email address. Contractor or Authorized Agent's name, and sign and date. If by the Owner/Builder, indicate which subsequent selections apply and sign and date. If indicating exemption under a section from the Building and Professions Code, cite the section and provide a reason.
- Indicate the applicable worker's compensation coverage and sign and date. If insured through a carrier, provide the policy number, insurance carrier, expiration date, insurance agent name and phone number, and attach a copy of the policy certificate. If self-insured, provide the certificate number and attach a copy of the certificate of consent to self-insure. A certificate of insurance is required for each building permit application.

Costs

- Select whether the costs indicated are estimated or contract.
- 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.
- For Incremented projects include the combined costs for all increments.
- 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 total costs (the combined total of construction costs and fixed equipment costs, excluding imaging equipment).
- Enter the cost or value of imaging equipment (X-ray, MRI, CT Scan, etc.), excluding installation cost.

Fee Information:

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

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



**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
FACILITIES DEVELOPMENT DIVISION**

INSTRUCTIONS FOR APPLICATION FOR BUILDING PERMIT (continued)
(HCAI-FD-302)

Facility Building Permit

Note: The Building Permit expires if authorized work is not commenced within one year after obtaining the written approval of construction documents, or work is suspended or abandoned for a period of one year following its commencement.

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

Once signed by the HCAI Regional Compliance Officer, the last page of this application shall serve as the Building Permit and must be displayed.

***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](#), submit
to:***

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