

Public User Guide

Version Number: 8.1

# Section 5 – Applications for New Projects





## **1** Introduction

#### Welcome to OSHPD Electronic Services Portal Client Access (eCA) User Guide

This section details the step-by-step instructions for creating and submitting an application for a new OSHPD construction project using eCA.

**Remember:** Help is available throughout the application. Wherever you see a help (?) icon, click on the question mark to open help and instructions for that item in the application.

## 2 **Project Applications**

### 2.1 Page Flow Overview

The predefined steps to create and submit project applications are detailed in this guide. The steps involved in submitting an Application for a New Project, or AFNP, is slightly different from those in submitting for a PADs and Building Permits. Below is an illustration of the page flow steps.

Page No.	Page Title	Description
Application	for New Project	
1	Record Type	Select Application for New Project on this step; to create an Expedited Building Permit for Skilled Nursing Facilities, refer to user guide #8.
2	Facility Information	Look up and select the facility from OSHPD's facility database. eCA auto-populates the facility, address, and facility owner information.
3	Professionals and Contacts	Look up and identify each Licensed Professional(s) and Contact(s) specific to the application. eCA auto-populates the LP's information.
4	Project Details	Record the Project Name, Scope, and other project details specific to the project.
5	Table Information	Enter estimated Project Costs, list all Enclosures, identify any Deferred Approval Items and specify the Structural Software used.
4	Facility Authorization	Enter a valid Facility PIN code. Usually entered by Facility Representative but may be entered by any user with the valid PIN.
5	Payment Options	Selects one of the application fee payment options: "Pay Now" or "Invoice Me".
6	Review	Final review opportunity of all the data entered on the application for accuracy; edits can still be made if necessary.
7	Pay Fees	If the "Pay Now" option is selected, you must pay the outstanding fee by credit card.
8	Confirmation	Project application is submitted to OSHPD and eCA issues a project ID number. You may print project summary sheet, preliminary invoice or payment receipt as needed.

#### Table 1: eCA Pageflow



## 2.2 Basic rules of page flow

Below are some basic rules of submitting an application using the eServices Portal:

- ✓ When creating an application for a new project, follow the page flow in order to avoid errors or missed data.
- ✓ When resuming an existing in-progress application, you will be given the option to start from the beginning or continue where the application was left off.
- $\checkmark$  You can navigate back and forth within the completed pages.
- ✓ You must click on Continue Application or Save pending submittal button to save the data entered on the page.
- ✓ If a page contains a section that allows for multiple records to be added, for example multiple licensed professional or multiple contacts, eCA will automatically Save the selection. If any edits are needed, click the Edit link for the individual (such as setting the Responsible Primary Licensed Professional). To add the next record, click Look Up or Add New as applicable.
- ✓ It is recommended that you click the Save pending submittal button as needed to prevent data loss due to data entry errors.
- ✓ If any required data is missing from the page, when the **Continue Application** button is clicked, an error message is displayed on the top of the page. You must correct any errors before continuing to the next page flow screen.

## 2.3 Create and Submit an AFNP

The following information will guide you through the steps necessary to create an Application for New Project (or AFNP).

WelcomeJohn Smith		
You are now logged in.		
You may view Facility information, or create an application for a new	search for projects that have already been created, oroject by clicking the links below.	
Click the 'Projects' tab above to vie	w all of the projects associated to your profile.	
Instruction guides organized "Instructions" tab at: http://www.oshpd.ca.gov/F	l by subject are available by clicking the DD/eServices/index.html	
Facility Information	Projects	
Lookup Facility Information	Create an Application Search Projects	
Home Projects		
Create an Application Search	Projects	

#### Step 1. Start Create an ANFP

<u>Only registered users</u> may create an Application for a New Project. Navigate to the **Home** or **Projects** tab and begin by clicking on the **Create an Application** link.

# osDpd

## Step 2. Accept OSHPD Privacy Policy

Click on the link in the window to review the privacy policy. Check "I have read and accepted the above terms" then click the **Continue Application** button.

Online Application	
Welcome to the OSHPD eServices Portal Client Access online project tracking system. Using eCA you can submit project applications, pay fees, and track the status of your projects - all from the convenience of your home or office, 24-hours a day.	
Please "Allow Pop-ups from This Site" before proceeding. You must accept the OSHPD Privacy Policy below before beginning your application.	
OSHPD Privacy Policy By continuing, I have read and accept the OSHPD privacy policy. http://www.oshpd.ca.gov/General_Info/Privacy.html	< >
✓       I have read and accepted the above terms.         Continue Application »	

#### Step 3. Select a License

If you are a Licensed Professional (Architect, Engineer, Contractor, IOR), you will be given the opportunity to select your license and have it automatically added to the Professionals section. To do this, click the down arrow and select your license; if you do not want your license listed on this application, select None Applicable. If you are not a Licensed Professional (or if your license has not been associated to your Public User account), this option will not be available.

Select a License
Select a license for this record from the list below. The available permit record type(s) is determined by the type of the license associated with your account.
Structural S3566 None Applicable
Continue Application »

#### Step 4. Select Record Type

Select "Application for New Project" then click the **Continue Application** button.

Expedited Building Permits is a special program permitted by law for single-story Skilled Nursing Facilities or Intermediate Care Facilities that are of wood frame construction. To complete an Application for Expedited Building Permit, refer to User Guide #8; for more information regarding projects eligible for the Expedited Building Permit, see 'How To Guides' at: http://oshpd.ca.gov/FDD/SNF-ICF.



#### Select a Record Type

#### Seismic Compliance Applications

The California Health & Safety Code authorizes OSHPD to grant an extension of the seismic compliance deadlines specified in law for certain hospital buildings when requested from the hospital Governing Board or Authority. The hospital must meet specified criteria and milestones based on the extension being requested. This application is used to apply for an extension for Structural Performance Category 1 (SPC-1) and Nonstructural Performance Category 1, 2 and 3 (NPC-1, -2 and -3) deadlines specified in statute and described in the California Administrative Code, Chapter 6. Seismic extensions pursuant to SB 499 and AB 2190 may be requested using this electronic application process.

#### **Application for New Project**

This application is used to apply for all project types other than Incremental projects; this includes structural and nonstructural projects, preliminary reviews, SB 1838 and AB 2632 projects, GeoTech projects and ROCC projects. Applications for Incremental projects must be submitted via the traditional paper application. To submit an application for <u>Building Permit</u> or <u>Post Approval Document</u> or <u>Alternate Method of Compliance</u>, click the Search Projects link, locate your existing project and select the Amendment link.

#### Expedited Building Permit

An Expedited Building Permit is a companion process to the OSHPD Field Review, Exempt, and Expedited Review (FREER) Manual intended as general reference guides and/or checklists to facilitate repair, maintenance, minor renovation/remodeling, or installation of certain equipment projects. Expedited Building Permits are intended only for single-story Skilled Nursing Facilities (SNFs) and Intermediate-Care Facilities that are of wood frame construction as prescribed in the California Health & Safety Code §129875. For more information regarding projects eligible for the Expedited Building Permit, see 'How to Guides' at http://oshpd.ca.gov/FDD/SNF-ICF. If there are any questions regarding eligibility or applicability, it is recommended that you contact your OSHPD Compliance Officer.



Click Continue Application to proceed with application.

#### Step 5. Enter Facility Information

Enter the OSHPD Facility ID or Facility Name then click the **Search** button. If the facility is found, the facility information, address, and owner fields will be automatically populated and become read-only. Notify OSHPD of any errors. To search for another facility, click the **Clear** button in Facility section. This clears the previous entered facility. To advance to the next page flow step, click **Continue Application**.

Responsible R	legion:	Type of Facilit	ty:		
Select	*	Select	•		
Geographic R	egion:	County Code			
Select	•	Select	*		
RCO:	ACO:	DSE:	Field FLSO:	Closure PT:	
Senior Architect:	Plan Review PT:				



#### Step 6. Add Licensed Professionals (LP) to the project.

Search the OSHPD database for active LP records by entering at least one search criteria such as License Type, License Number, or Name. Click on the **Look Up** button to perform the search.

Look Up L	icense			
License Type: Select	C999	License Number:	]	
First Name:	Middle:	Last Name:		
Name of Busine	255:			
Address Line 1:				
Enter professional	's work address			
City:	State:	Zip:	Country:	
			Select	
Phone:	Mo	obile Phone:	Fax:	
Enter the work ph	one numbe			
2				
Look Up	Clear Disc	ard Changes		

When searching by name and license type, locate the correct LP in the returned list then check the box next to their license number and click **Continue**. The LP's name, address, and other information will be automatically populated with the current information from our database.

Look Up Licens	e			×
Revise Search Search results: Showing 1-9 of 9				
License Number	License Type	Licensed Professional Name	Business Name	
C12436	Architect	Tom Lee	LDA ARCHITECTS	
C14643	Architect	Al Lee	STANTEC	
C16814	Architect	Alvin Lee	UCLA CAPITAL PROGRAMS	
C17825	Architect	Chin-Whan Lee	HMC ARCHITECTS	
C25642	Architect	Shong Leng Lee	ASPEN STREET ARCHITECTS	
C26975	Architect	Michael Lee	THE BOLDT COMPANY	
C27636	Architect	Kam Lee	MARSHALL LEE INC	
C29310	Architect	Tachen Lee	TAYLOR DESIGN	
2537	Architect	L Kam Lee	Marshall/Lee Architects	
Continue Discard C	hanges			

To obtain the best search results, limit the number of fields in the search. For instance, enter only the license number and leave all other fields empty. eCA will automatically find and add the professional to the application. If you do not know the LP's license number, enter the license type and last name only and then click **Look Up**. The search results will return all licensed professionals with that last name. If the search returns no results, the Licensed Professional is not currently in our database. Contact OSHPD at <u>eserv@oshpd.ca.gov</u> to add a new Licensed Professional to our database.

License Type:	Stat	e License Number:		
Architect	▼ Ente	er a valid State License		
First Name:	Middle:	Last Name:		
		Lee 2		
Name of Busine	ess:			
Address Line 1				
Address Line 1: Enter professional	's work address			
Enter professional				
	"s work address State:	Zip:	Country:	
Enter professional		Zip:	Country: Select	
Enter professional	State:	Zip: Nobile Phone:	-	
Enter professional	State:		Select	
Enter professional City: Phone:	State:		Select	

Please verify that the information is correct. Contact OSHPD at <u>eserv@oshpd.ca.gov</u> to update the existing Licensed Professional's information.



To indicate which licensed professional is the 'Design Professional in Responsible Charge' of the project, click the Edit link to the right of the screen and set the "Responsible Primary (eCA)' button to **Yes**.

Select from Acco Licensed professi Showing 1-2 of 2	ount Look U				Responsible Primary (eCA): • Yes O No Delegate/Alternate:
License Number	License Type	Contact Name	Business Name	Action	Alternate
C31183	Architect	Hunvey Chen	НОК	Edit Delete	Alternate
S3566	Structural	Joseph L La Brie	MAKE IT RIGHT, INC.	Edit Delete	Responsibility:
			ls, repeat the steps		
iese steps to	b add all Lic	censed Professi	onals (Delegates an	d Alternates) to	the
-			ised professional to		her Responsible Primary (eCA):

role on the project – Alternate or Delegate. Delegates should include the area of responsibility, such as 'Structural' or 'Anchorage & Bracing', etc.

You can always delete the Licensed Professional(s) by clicking on the **Delete** link at the end of the record line.

Click **Continue Application** to proceed to the next page flow screen.

#### Step 7. Add Contacts to this project.

A Contact is the individual representing the Facility to whom correspondence will be copied. At least one Contact must be included for every project. Unlike adding Licensed Professionals, a search function is not available for Contacts and they must be added by clicking the Add New button and completing each applicable field **OR** by clicking the Select from Account button to use information contained in your Public User account. You must select a Contact Type and click on the **Continue** button to save the selected contact. When complete, click **Continue** to copy the information to the Contacts List. Multiple Contacts may be added to the project.

	C Either						
Select from A	ccount Add I	New					
showing 0-0 of 0							
Name	Business Name	Contact T	ype Work	Phone	E-mail	Action	
No records foun	d.						
Continue App	olication »					Save pending submitt	al
							_
Contact In	formation						>
	formation	ame:	Title:				>
First Name:		ame:	Title: Project Manager				,
First Name:	Middle: *Last Na	ame:					>
First Name: Iane	Middle: • Last Na Doe	ame:					>
First Name: lane lame of Busines: Project Managemen	Middle: • Last Na Doe		Project Manager				>
First Name: Jane Jame of Busines: Project Managemen Address Line 1:	Middle: • Last Na Doe	*City:	Project Manager	*Zip:			>
First Name: Jane Name of Busines: Project Managemen Address Line 1:	Middle: • Last Na Doe		Project Manager	*Zip: 90000			>
First Name: Jane Name of Business Project Managemen Address Line 1: 123 Main Street	Middle: • Last Na Doe	*City:	Project Manager	90000			>
First Name: Jane Name of Business Project Managemen Address Line 1: 123 Main Street Work Phone:	Middle: • Last Na	*City: Los Angeles	Project Manager  State: CA  E-mail	90000	om		~
Contact In First Name: Jane Name of Business: Project Managemen Address Line 1: 123 Main Street Work Phone: 123-456-7890	Middle: • Last Na Doe s: t, Inc. Mobile Phone:	*City: Los Angeles	Project Manager  State: CA  E-mail	90000	om		,
First Name: Jane Name of Business Project Managemen Address Line 1: 123 Main Street Work Phone:	Middle: • Last Na Doe s: t, Inc. Mobile Phone:	• City: Los Angeles Fax:	Project Manager  State: CA  E-mail	90000	om		>

Delegate/Alternate:

Anchorage and Bracing

Save and Close

×

**Discard Changes** 

Delegate

Responsibility:



Click **Continue Application** to proceed to the next page flow screen.

<b>~</b>	Contact added	successfully.				
Sho	owing 1-1 of 1					
	Name	Business Name	Contact Type	Work Phone	E-mail	Action
	Jane Doe	Project Management, Inc.	Facility Representative	123-456-7890	Jane.Doe@PMInc.com	Edit Delete

### Step 8. Enter Project Details and Additional Details.

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

Step 3: Project Details > Scope and Details	* indicates a required field.
Detail Information	
* Project Name	
Project Name	
* Project Scope	
Project Scope	~
	~

Complete the addition details specific to the project. For a brief description of each field, see below:

Additional Details	
PLAN REVIEW	
*Submittal Type:	Select
* Kind of Project:	Select
Total Beds Before Construction:	Number
Total Beds After Construction:	Number
* Square Footage of Project:	Number
* Use Annual Building Permit:	? Yes No
* Managed Project Requested:	⑦ ○ Yes ● No
Seismic Compliance Construction Proj	ect: 🔿 Yes 🖲 No
Seismic Extension Qualifying Project:	⑦Select ▼
Article 10 Mitigation Project:	◯ Yes ◉ No
* Project includes primary gravity and/or lateral load elements/systems:	⑦ Yes ○ No
OSHPD Building #:	Ex: BLD-05217, BLD-02934, BLD-01844
Field Review Requested:	⊖ Yes



- **Submittal Type**: Indicate the type of project that is being submitted for review:
  - AB 2632 maintenance or repair project for SNFs and ICFs
  - Phased or Collaborative Review Requested projects over \$20 million
  - Examination Clinics and other projects reviewed on a T&M fee basis
  - Final 100% Construction Documents review
  - o Geotech Only Geotechnical Report review by Engineering Geologist
  - Preliminary Architectural and Fire & Life Safety review of preliminary plans
  - SB 1838 Projects of \$50,000 or less exempt from plan review
- Kind of Project: Indicate which kind of project is being submitted for review:
  - Addition projects which increases the floor or roof area
  - Maintenance projects necessary to repair systems or equipment, or that are undertaken for routine maintenance purposes
  - New Building
  - Remodel
  - ROCC Re-open a closed project to close it in compliance in accordance with PIN 56
- **Total Beds Before & After Construction**: 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.
- Square Footage of Project enter the area of the project in square feet; this is a required field. See help for additional information
- Use Annual Building Permit: Indicate if this project will be under the facility Annual Building Permit. You cannot answer "Yes" to the question "Use Annual Building Permit" unless you have an active Annual Building Permit for the current fiscal year.
- Managed Project Requested: Managed projects are projects where schedules and deadlines relating to plan review and construction are negotiated between the Office and the Applicant. These projects will not follow the traditional 60-day or 80-day review goal.
- Seismic Compliance Construction Project: Indicate if the project is a Seismic Compliance Construction Project. If yes, the Seismic Compliance section must be completed.
- Seismic Extension Qualifying Project: Select 'SB 90 Extension' if this project is a Seismic Extension Qualifying Project. Select 'N/A' if not a qualifying project. Selecting any other values will display an error message and will block continue this application.
- Article 10 Mitigation Project: SPC-1 buildings that did not meet the January 1, 2015 Seismic Compliance deadline are prohibited from any new remodel projects except Seismic Compliance projects, maintenance and emergency repairs.
- **Project includes primary gravity and/or lateral load elements/systems**: Indicate if the project includes primary gravity and/or lateral load elements/systems. When "Yes" is selected, the project will be created as an "H" project; when "No" is selected, the project will be created as an "S" project.
- **OSHPD Building Number**: Enter the OSHPD Building Number for each building that this project affects. Building numbers are available for look-up at <a href="http://www.oshpd.ca.gov/FDD/Forms/Keyplans/index.html">http://www.oshpd.ca.gov/FDD/Forms/Keyplans/index.html</a>
- Field Review Requested: Select Yes if you are requesting the project to be reviewed by OSHPD Field Staff at the project site during their normal visits. If field review is requested, you must contact the OSHPD field staff to schedule review of all documents.

Click **Continue Application** to proceed to the next step.



Step 9. Enter Project Tabular Information.

## Costs

The project estimated construction costs are entered on this step and you must enter one Costs row. To add one Costs row, click the **Add a Row** button in the COSTS section.

Costs					
<b>COSTS</b> Enter the esti	mated costs for	the project. To enter costs,	click the "Add a Row" button. E	nter only one cost	row. Do not enter commas or dollar signs.
Showing 0-0	) of 0				
	Cost Date	Construction Costs	Fixed Equipment Costs	Total Costs	Cost of Imaging Equipment
No record	s found.				
Add a Row	Edit	t Selected Delete Se	elected		

On the pop-up window, enter the estimated Construction Costs, Fixed Equipment Costs and Imaging Equipment Costs, then click the **Submit** button to copy form to Costs Table. For more info, click (?)

COSTS			×
Enter the estimated costs for the project. dollar signs.	To enter costs, click the "Add a Row" button. En	ter only one cost row. Do not enter comma	sor
*Cost Date:	* Construction Costs: (?)	* Fixed Equipment Costs: (?)	
	Ex: 100000.00	Ex: 20000.00	
Total Costs: (?)	*Cost of Imaging Equipment: (?)		
	Ex: 300000.00		
Submit Cancel			

### Enclosures

For each type of Enclosure, click Add a Row to create a new entry in the Enclosure table or click the down arrow to add up to 10 rows simultaneously.

also click the o	e various plans and	multiple rows at				sures, click the "Add a Row" button; you may ments are not received by OSHPD within 45
Showing 0-0	of 0					
	Number of Copies         Enclosure         Enclosure         Date         Method of         Courier Name (if used for           Transmittal         Transmittal         Transmittal Type)         Transmittal         Transmittal Type)					
No records	No records found.					
Add a Row	Edit Se	lected Del	ete Selected			



In the pop-up window, enter the number of copies submitted, and select the Type from the dropdown list and provide a brief description of the submittal in the Enclosure Description in the text field if necessary. Enter the Date Sent, select the Method of Transmittal (Courier, Electronic, In Person, Mail), and the Courier name (FedEx, UPS, GSO, etc.). Click **Submit** to copy form to Enclosures Table.

outton; you may also click the dow		<ul> <li>OSHPD. To enter enclosures, click the "Add a Row" as many rows as needed. If project documents are no</li> </ul>
Number of Copies:	Enclosure Type:	Enclosure Description:
2	Plans 🔻	Plan
Date Sent:	Method of Transmittal:	Courier Name (if used for Transmittal Type):
10/31/2016	Mail	Hansmittat Type).

#### **Deferred Items**

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. OSHPD has sole discretion as to the portions of the design that may be deferred. All deferred items allowed by OSHPD must be clearly described on the construction documents. Deferred submittals must comply with Title 24, California Administrative Code Section 7-126.

For each type of Deferred Submittal Item, click Add a Row to create a new entry in the Deferred Items Table or click the down arrow to add up to 10 rows simultaneously.

	red Submittal Items t lown arrow to add m e plans.)		Fo enter deferred submittal items, click the "Add a Row" button; you may ows as needed. (Remember: Each item listed here must be shown on the		
	Discipline Applicant Tracking Number Description of Deferred Approval				
No records	No records found.				
Add a Row	Edit Sele	cted Delete Selected			



In the pop-up window, enter the discipline specific to the deferred item, i.e. Fire & Life Safety for a fire alarm deferred submittal item, enter the tracking number that will be used by the Applicant and provide a brief description of the deferred submittal item.

	It are being requested for this project. To enter defe arrow to add multiple rows at one time. Enter as ma of the plans.)	
Discipline:	Applicant Tracking Number: ၇	Description of Deferred Approval:
Fire and Life Safety	DA #1	Fire Alarm System
		~
Submit		

#### **Structural Analysis Software**

When applicable, indicate the type of structural design software used in the preparation of the design.

For each type of structural analysis software, click Add a Row to create a new entry in the Structural Analysis Software Table or click the down arrow to add up to 10 rows simultaneously.

Structural Software				
STRUCTURAL ANALYSIS SOFTWARE Identify the Structural Analysis Software used in the design of t you may also click the down arrow to add multiple rows at one Showing 0-0 of 0	his project. To identify the Structural Analysis Software, click the "Add a Row" button; time. Enter as many rows as needed.			
Structural Analysis Software Used	Other Structural Analysis Software Used			
No records found.				
Add a Row 🔽 Edit Selected Delete Selected				

In the pop-up window, enter the Structural Analysis Software used.

STRUCTURAL ANALYSIS SC	FTWARE	×
· · ·	ware used in the design of this project. To identify the Structural Analysis Software, click the "Add a e down arrow to add multiple rows at one time. Enter as many rows as needed.	
* Structural Analysis Software Used:		
Select	Enter version. If 'Other' is selected, enter name of software and version.	
Submit		

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

When finished, click **Continue Application** to proceed to the next page flow screen.



## Step 10. Enter Facility PIN code or Save pending submittal.

# Before entering the Facility PIN Code, it is recommended that you have clicked on "Save pending submittal" at least once!

If you are authorized by the facility and have obtained a valid Facility PIN, enter it on the screen, then click **Continue Application** button to proceed to the next page flow screen.

If you do not have a valid Facility PIN code, click the **Save pending submittal** button to save the record.

Authorization		
not know your Facility's PIN, number (e.g. 15TMP-00014) If you do not know the PIN b If your facility has not been i	click "Save pending submittal" r out a PIN has been issued, forwar	e able to complete this project without a valid PIN. If you do now. This will save your record and issue a temporary project rd your temporary application number to the PIN holder. any other access issues, please contact eCA's Access Manager 0.
Facility PIN Code:	0	
Continue Application »	l -	Save pending submittal

If you click the "Save pending submittal" button, the application process stops and you will be redirected to the Project List page. eCA issues a temporary Project ID and displays the application in the Project list. You or other authorized users can "Resume Application" at a later time.

6	Your partial application (16TMP-015624) has been successfully saved. To resume the application(s), go to the Projects section and click the Resume Application link.						
	<b>ojects</b>	+   Download results add to coll	lection				
	Date	Project Numb	Project Type	Project Name	Status	Related	Action
	10/31/2016	16TMP-015624	Application for New Project	Project Name		0	Resume Applica
	10/30/2016	S162557-37-00-ACD0001	Post Approval Document	mc16088 Jacobs Sink installation Rm LL-483	Open	3	

If you enter an invalid Facility PIN, eCA displays an error message at the review step and prevents you from completing the application. You may return to the Security page and re-enter the correct PIN; however, after 3 times entering an incorrect PIN, the application will be locked.

$\otimes$	<b>An error has occurred.</b> ACA52439- <b>Action Cancelled</b> You must correctly enter your facility's PIN code to create this project. Please select <b>Save</b>
	<b>Pending Submittal</b> to save your work, then go back into your temp record and proceed to the PIN entry screen.



#### Step 11. Select Payment Option.

After entering a valid Facility PIN code, select one of the payment options. The description of each payment options is as follows:

Payment Option		
PAYMENT OPTION To prevent the Facility Pin fro on the next screen.	om being displayed, user must select	a payment type and complete the application submittal
Payment Option:	Select Pay Now Invoice Me	
Continue Application »		Save pending submittal

- **Invoice Me**: OSHPD will mail an invoice to the facility billing address on file.
- **Pay Now**: facility intends to make an immediate online payment using a credit card on the next screen before the application is submitted.

If you do not select a payment type and proceed to complete the application, the Facility PIN will be visible on the review page to any authorized user when the application is resumed later. To prevent the Facility PIN from being displayed, you must complete this step by selecting a payment type and completing the application. When this step is completed, the Facility PIN is hidden from all users.

Click **Continue Application** to proceed to the next page flow screen.

#### Step 12. Review the data entered and makes edits if needed.

On this screen, click the Edit button in each application step to make necessary changes.

Step 6: Review	
Continue Application »	Save pending submittal
Please review all information below. Click the "Edit" buttons to make changes to sections or "Continue Application" t	o move on.
Record Type	
Application for New Project	
Facility	Edit
Facility ID 12359	
Facility Name University of California, San Diego Medical Center	
Responsible Region: South Region	
Type of Facility: General Acute Care Geographic Region: South Region	
County Code: 37 - San Diego	

Once all data is verified, click **Continue Application** to proceed to the next page flow screen.

#### If you selected the "Invoice Me" option, skip to step 14 below.

eCA User Guide – Section 5: Applications for New Projects

# osDpd

### Step 13. Pay Application Fees online.

If you selected "Pay Now" option, this screen displays the total fees to be paid with a credit card.

Click on "Continue Application" to proceed to the payment screen.

#### Step 7: Pay Fees

Listed below are the fees assessed by OSHPD based on the information you have provided. The application fee is not refundable. The Plan Review Fee for the estimated construction costs, 1.64% for hospital buildings or 1.5% for skilled nursing facilities, will be invoiced directly to the facility.

#### **Application Fees**

Fees	Qty.	Amount
Application Fee	1	\$250.00

#### TOTAL FEES

Note: This does not include additional inspection fees which may be assessed later.

\$250.00

**Continue Application »** 

## Step 14. Submit online payment.

On this screen, enter the accurate credit card information then click on **Submit Payment** button.

Paymen	t Options
	ication fee is non-refundable per California Administrative Code, California Code of Regulations, , Section 7-133(a)3.
Amount to be ch	arged: \$250.00
• Pay with Cred	lit Card
Credit Card	Information:
*Card Type:	*Card Number: *Security Code: ()
Select 🔻	
*Name on Card	* Exp. Date:
	01• 2016•
Credit Card	Holder Information:
Auto-fill with	John Smith
Country	
Country: United States	<b>v</b>
* Street Address	
<ul> <li>Street Address</li> </ul>	
• Clus	
* City:	*State: *Zip:
* Phone:	0.000
- Flione.	
E-mail:	
E-mait:	
Submit Payn	nent »



#### Step 15. Project submission confirmation.

On this final screen, eCA display a project submission confirmation including the project record number. You may print a project record summary from this screen, and if the fees were paid with a credit card, a payment receipt can be printed. These documents open in a PDF format sand may be saved or emailed. You can also view the detailed information about the project by clicking on **View Record Details** button.

Email confirmation is automatically sent to the Public User that started the application (Design Professional) and to the Public User that approved the application by entering the PIN (Owner Representative).

# Congratulations! You have successfully submitted an Application for a New Project to OSHPD!





## 3 Submit Construction Documents to OSHPD

When the Design Professional receives the confirmation email, they must log in to eCA and click the Projects tab. The most recent project will be at the top of the list.

Home Project	s 1					
Create an Applica	tion Search Projects	5				
Projects	+   Download results   Add to col	lection				
Date	Project Number	Project Type	Project Name	Status	Related	Action
11/02/2016	S162686-37-00 <b>2</b>	Application for New Project	Project Name	Open	0	Amendment
10/30/2016	S162557-37-00-ACD0001	Post Approval Document	mc16088 Jacobs Sink installation Rm LL-483	Open	3	



Click on the project number to open the Project Detail view. Below the 'More Details' section, click the **Print/View Summary** button – this will open the Project Summary report that must be printed and included when **paper construction documents** are submitted to OSHPD, regardless of whether the project will be submitted to the office or to field staff for a FREER review.

More Details	
Print/View Record	Print/View Summary
Create Amendment	

	umber:	S162686-37-00	)					
Project T		Application for		t				
Parent Pr	oject Number:	:						
Facility:		12359 - Univer	sity of Califo	omia, San Die	go Medica	d Center		
Project D	escription:	Project Name Project Scope						
Submittal	Type:	Final						
Kind of P	roject:	Remodel						
OSHPD E	uilding Numb	er: BLD-12345						
Primary I	Professional:	Hunvey Chen, (31	0) 838-0444	tastingasn@	oshod ca o	-011		
Primary 0		Jane Doe	0) 000-9000	, resultaespile	osupo.ca.g			
Cost Type	Cost Date	Construction Fixed Cost	l Equipment Costs	Total Co		Cost of maging	Reason	
Estimated	11/03/2016	\$10,000.00	\$5,000.00	\$15,000.0	0	\$0.00		
Enclosu	res:							
# of En Copies Tyj	closure 9e	Description		Date Sent	Method of Transmitte		Backcheck	Attached
OSHPD.	This Project A	ect Application Sur Application Summa project application	ry form rep	laces the pap	er applica	ation; it is not		

This form is the transmittal letter and is the only document that is required for a paper plans and documents; it is not necessary to include a paper application when project applications are created using eClient Access.



For electronic plan submittal and electronic plan check, click the Dropdown menu Record Info and select **Attachments.** 

Follow the instructions in User Guide #10 to attach plans and construction documents to this record for instantaneous submittal to OSHPD. Also see User Guide #11 for specific information on how to format the electronic documents prior to uploading.



# **Congratulations!**

# Your Application for a New Project is ready to be reviewed by OSHPD!