

**HCAI**



**EXPEDITED BUILDING  
PERMIT FOR  
MOBILE DIALYSIS UNIT  
INSTALLATION**

**How - To Guide Series**

**FOR  
SKILLED NURSING  
FACILITIES &  
INTERMEDIATE  
CARE FACILITIES  
(OSHPD 2 Buildings)**

**A Companion  
Document to the  
FREER Manual**

**October 2021**

## EXPEDITED BUILDING PERMIT GUIDE FOR MOBILE DIALYSIS UNITS

The Expedited Building Permit Guides are companion documents to the Department of Health Care Access and Information (HCAI) Field Review, Exempt, and Expedited Review (FREER) Manual and are intended as general reference guides and/or checklists to facilitate **repair, maintenance, minor renovation/remodeling, or installation of certain equipment** projects.

The Expedited Building Permit Guides are intended only for OSHPD 2 Skilled Nursing Facilities (SNFs) and Intermediate Care Facilities (ICFs) that are excluded from the definition of “Hospital Building” in the California Administrative Code (CAC), ARTICLE 2, Section 7-111.

The use of this Expedited Building Permit Guide is made available for use at the discretion of the facility owner. HCAI (Department) does not mandate the use of the Expedited Building Permit Guide for any condition. Use of project-specific design and construction documents prepared by a California licensed design professional in lieu of using the Expedited Building Permit Guide is always acceptable, and in some cases, may be required.

This Expedited Building Permit Guide gives no consideration to suitability for use in a specific application, compatibility with other building systems, appropriate use of materials or design, appearances, etc. The facility owner and/or his/her authorized agent shall review all such qualities, features, and/or properties to ensure compliance with the California Building Standards Code and all applicable local codes and ordinances, appropriate integration with other building systems, and proper design for the project-specific conditions and installation, etc. This shall include a pre-assessment for existing damage or conditions that may need to be repaired and/or corrected.

While not mandatory, HCAI recommends the facility have a California licensed architect or engineer, or a California licensed contractor assist in the review of the code compliance checklist provided in the Guide. In this manner, the facility will have a better understanding of the scope of work that may be required for a code compliant project prior to beginning the work.

### **The following regulations of the California Building Standards Code apply:**

*Before commencing construction or alteration of any health facility, the governing board or authority thereof shall submit an application for plan review to the Department, and shall obtain the written approval thereof by the Department describing the scope of work included and any special conditions under which approval is given (CAC, Section 7-113 (a)).*

*Construction or alteration of any health facility, governed under these regulations, performed without the benefit of review, permitting, and/or observation by the Department when review, permitting and/or observation is required, and without the exemption by the Department provided for in Section 7-127, shall be subject to examination by the Department to assess relevant code compliance. Failure to obtain the necessary reviews and approvals prior to commencing construction will result in examination fees, in addition to application fees (CAC, Section 7-128).*

## Mobile Dialysis Units

**A mobile dialysis unit as a new service requires a Building Permit** but may be expedited in the plan review process in accordance with Health & Safety Code (H&SC) Section 129875. Simple installation of mobile dialysis units in qualifying OSHPD 2 SNFs and ICFs may be considered equipment projects and exempt from plan review if the following criteria are met.

- The dialysis unit is mobile and to be used bedside in resident rooms.
- The electrical plugs into existing 120 volt receptacle.
- The dialysis unit water supply is either self-contained or uses tap water with built-in reverse osmosis (RO) system.
- The dialysis unit waste must empty into an approved receptacle with a 1” air gap. Drainage must be per manufacturer’s recommendations.

This Expedited Building Permit Guide presents those criteria in a checklist format for general assessment of the specific project conditions. Installation of a mobile dialysis unit without a permit is subject to an investigation fee, submittal of a project to the Department for plan review, demolition and/or rework of defective non-code complying work, etc. in accordance with the California Administrative Code, Title 24, Part 1, Section 7-128 “*Work Performed without a Permit*”.

The facility owner or his/her authorized agent should review this checklist with the **HCAI Compliance Officer** to determine program eligibility, to assess the specific project conditions and determination of possible approaches to the application, review, permitting, and construction process, if required, prior to proceeding with work. Possible approaches include, but are not limited to:

**Straight Installation** (with minor work) – For installation of a new mobile dialysis unit, where all existing conditions are fully compliant with the code at the time of installation, this Expedited Building Permit Guide shall apply. The facility may have the work performed by its maintenance staff or by a California licensed contractor. Minor work (modifications, repair, or remedial work) shall be limited to repairing damage to original condition, modifications to existing plumbing without opening a wall, electrical outlet relocation, adding a GFI receptacle, or adding grounding conductor. Expedite permit acceptable.

**Installation with more than Minor Work** – Not covered under this Expedited Building Permit Guide is the replacement or a repair of existing utilities where modification, repair, or remedial work is necessary to bring a system that did not comply with the code at the time it was installed into compliance with current code and/or to ensure a safe condition such as replacing electrical wiring runs, rerouting, or otherwise modifying existing plumbing within the wall except where needed to accommodate tie-in location of a new connection. The facility must involve a licensed design professional (architect and/or mechanical/electrical engineer dependent upon the scope and nature of the remedial work). If this work is of sufficient limited scope, field review by the Compliance Officer can be used under this Expedited Building Permit Guide, however more involved work will require submittal as a standard project and reviewed by the Department’s Regional

Architectural & Engineering Unit.

**No Permit Required** – Where no modifications are made to the existing conforming plumbing or electrical equipment/systems, then no permit is required.

**Existing equipment** – Unless otherwise noted, the code excerpts on the following pages apply to **new** installations of equipment.

**Determination of Eligibility** – Determination of eligibility and appropriate permitting process is the responsibility of the HCAI Regional Compliance Officer. Facilities are encouraged to work with their Compliance Officer prior to assuming eligibility or an approach to permitting.

**Inspections** – The approved Inspector of Record (IOR) must inspect the work prior to use. Interim inspection will be required when walls, ceilings or other construction materials will cover the finished work. Any deficiencies identified through inspection shall be corrected before use of the system is permitted. A “Certificate of Substantial Compliance” issued by the HCAI Compliance Officer is required prior to use of the dialysis unit. Responsible parties shall file Verified Compliance Reports (CAC, Section 7-151) in accordance with the requirements of the Testing, Inspection and Observation (TIO) Program (CAC, Section 7-149). *(See Appendix A)*

**Manufacturer's Written Installation, Operating, and Maintenance Instructions** – The installation shall comply with the manufacturer's written installation instructions. The installer (facility's maintenance staff/contractor) shall leave or submit to the Compliance Officer the manufacturer's installation, operating, and maintenance instructions in a location on the premises where they will be readily available for reference and guidance for the Inspector of Record (IOR), HCAI staff, service personnel, and the owner or operator. (CMC, Chapter 303.1, 2019)

Plumbing systems shall be installed in a manner that is in accordance with the California Plumbing Code (CPC), applicable standards, and the manufacturer's installation instructions. HCAI has no specific requirements for drain piping for Reverse Osmosis (RO) water waste. Dialysis equipment shall be installed in a manner that does not allow for cross-connection with the building domestic water system.

## **New Project/Building Permit Application Requirements**

- Step 1.** Verify that the project is eligible for this program. Consultation with the HCAI Compliance Officer is recommended.
- Step 2.** Use the eServices Portal online application process or download and print the Expedited Building Permit Guide and complete the **Mobile Dialysis Unit Installation Code Compliance Checklist** beginning on Page 5 of this Guide and complete the **Application for New Project/Building Permit** beginning on Page 10 (*Appendix B*) of this Guide. These documents may be filled-in manually or electronically.
- Step 3.** Prepare a plan/sketch showing the location(s) of where the bedside dialysis unit(s) will be used (a reduced copy of the building floor plan may be used for this purpose).
- Step 4.** If not using the online application, print one (1) complete set of the entire package (the Expedited Building Permit Guide with completed Checklist and Applications), sign and date (where required), and mail or deliver to:

***For construction in [Northern California](#), submit to:***

Department of Health Care Access and Information  
Facilities Development Division  
2020 West El Camino Avenue, 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  
Facilities Development Division  
355 South Grand Avenue, Suite 1900  
Los Angeles, CA 90071  
(213) 897-0166 phone  
(213) 217-8511 fax

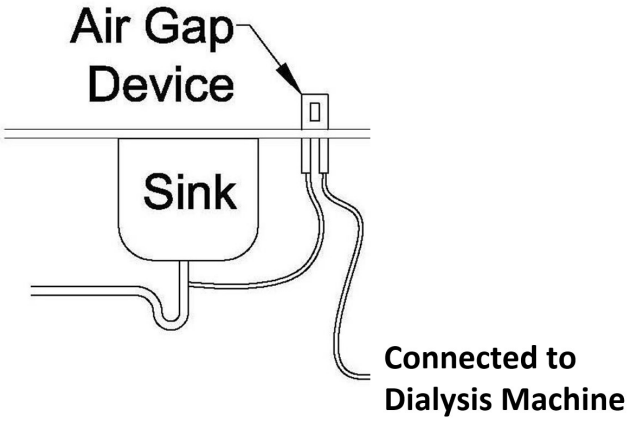

**Upon issuance of the building permit for the project by HCAI , you may submit a construction start letter and begin installation of the dialysis unit.**


**The following questions based on your answer may have requirements. These requirements will be communicated to you by the HCAI Regional Compliance Officer.**

## MOBILE DIALYSIS UNIT INSTALLATION CODE COMPLIANCE CHECKLIST

**NOTE:** The HCAI Compliance Officer will field verify compliance with the following checklist and additional work may be required to bring the installation into code compliance if found to be deficient.

		Compliance		
		Yes	No	N/A
<b>PROJECT DESCRIPTION</b>				
1.	Is the mobile dialysis unit going to be located in a Skilled Nursing or Intermediate Care Facility building?	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Is this project for straight installation of the mobile dialysis unit?  <b>Commentary:</b> Straight Installation - For installation of a new mobile dialysis unit where all existing conditions are fully compliant with the code at the time of installation.	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Does the Estimated Construction Cost or Contract Amount exceed \$50,000?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>GENERAL REQUIREMENTS</b>				
4.	<b>Contractor.</b> Will work be performed by a contractor licensed by the California Contractors State License Board?  <b>Note:</b> Workers' Compensation Insurance is required for all work.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>LOCATIONS</b>				
5.	Is this project for mobile dialysis units located in a resident room?	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Is the mobile dialysis unit shared amongst residents? Note: If resident has hepatitis B it must not be shared.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PLUMBING REQUIREMENTS</b>				
7.	<b>Supply.</b> Does the unit require supply water?	<input type="checkbox"/>	<input type="checkbox"/>	
8.	If so, will there be a backflow preventor installed?	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<b>Water.</b> Does the unit require either deionized or reverse osmosis (RO) water from the building or an external source?	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<b>Waste Removal.</b> Does the waste line discharge into a wall drainage box?  	<input type="checkbox"/>	<input type="checkbox"/>	
11.	<b>Waste Removal.</b> Does the waste line discharge into a handwashing fixture?	<input type="checkbox"/>	<input type="checkbox"/>	

	Compliance		
	Yes	No	N/A
<p><b>12. Waste Removal.</b> Does the waste line discharge into an undersink drain assembly with an included air gap?</p> 	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>13. Waste Removal.</b> Does the waste line discharge into a toilet fixture? The mobile dialysis machine's manufacturer must recommend a toilet for drainage, <b>and</b> an air gap must be in place to prevent backflow of postdialysate, <b>and</b> the drainage tubing must be is located above (not touching) the water in the toilet bowl (<a href="#">Guidelines for Environmental Infection Control in Health-Care Facilities</a>).</p> 	<input type="checkbox"/>	<input type="checkbox"/>	

	Compliance		
	Yes	No	N/A
<p><b>14. Waste Removal.</b> Does the waste line discharge into a shower receptor?</p> <p>The mobile dialysis machine's manufacturer must recommend a shower for drainage, <b>and</b> an air gap must be in place to prevent backflow of post-dialysate. Drainage tubing must not be placed in standing fluid and shower must not be used during procedure. Note: some literature indicates the post-dialysate may prematurely degrade metal sink or shower drainage systems (<a href="#">Home hemodialysis: Infrastructure, water and machines in the home; Tour of Automated Peritoneal Dialysis (APD) Machines</a>).</p> 	<input type="checkbox"/>	<input type="checkbox"/>	
<b>15. Air Gap.</b> Is a minimum 1" air gap provided?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>16. Septic System.</b> Is drainage into a septic system?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>ELECTRICAL REQUIREMENTS</b>			
<b>17. Receptacle.</b> Does the mobile dialysis unit plug into a standard 120-volt receptacle?	<input type="checkbox"/>	<input type="checkbox"/>	

***The above questions based on your answer may have requirements. These requirements will be communicated to you by the HCAI Regional Compliance Officer.***





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

2020 West El Camino Avenue, Suite 800, Sacramento, California 95833  
355 South Grand Avenue, Suite 1900 Floor, Los Angeles, California 90071

Phone (916) 440-8300 FAX (916) 324-9188  
Phone (213) 897-0166 FAX (213) 897-0168

**APPENDIX A**

[www.oshpd.ca.gov/fdd](http://www.oshpd.ca.gov/fdd)

**Testing, Inspection and Observation Program**

2019 California Building Standards Code – OSHPD 2

<b>A</b>	<b>Facility #:</b>	<b>Facility Name:</b>	<b>Project #:</b>		
Street Address:			Sub #:		
City:			County:		
Record Name (Scope of Project):					
<b>B</b>	<b>TESTS – DOCUMENTATION / CERTIFICATION REQUIRED</b>			<b>CONSTRUCTION VERIFICATION</b>	<b>OFFICE USE ONLY</b>
	<b>TESTS</b>	<b>RESPONSIBLE FIRM OR INDIVIDUAL</b>	<b>*TBD</b>	<b>IOR</b>	<b>FDD CONSTRUCTION ACCEPTANCE</b>
	<b>ELECTRICAL TESTS</b>				
	NA				CO:
	<b>MECHANICAL TESTS</b>				
	NA				CO:
	<b>PLUMBING TESTS</b>				
	NA				CO:

**NOTE:** To Be Determined (TBD) – The name of the firm or individual to perform this test or special inspection shall be submitted to and approved by the Office prior to proceeding with the work that requires this test or special inspection.



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**Testing, Inspection and Observation Program**

2019 California Building Standards Code – OSHPD 2

D CONSTRUCTION OBSERVATION AND REPORTING											FOR OFFICE USE ONLY
REQUIRED CONSTRUCTION OBSERVATION <i>(See "PERSONAL KNOWLEDGE" as defined in California Administrative Code, Section 7-151)</i>		VERIFIED COMPLIANCE REPORT REQUIRED AS INDICATED <i>(Form OSH-FD-123)</i>								OSHPD FDD	
Ref. No.	*MILESTONES	GEOR	AOR	SEOR	MEOR	EEOR	CONT	SP INSP	IOR		
	FINAL VERIFIED COMPLIANCE REPORT AT COMPLETION								X		

E FOR OFFICE USE ONLY	
OSHPD Field Acceptance:	
Name:	Date:

**NOTE:** To Be Determined (TBD) – The name of the firm or individual to perform this test or special inspection shall be submitted to and approved by the Office prior to proceeding with the work that requires this test or special inspection.



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RECEIVED

**Application for New Project/Building Permit**

OFFICE USE ONLY  
**Project #** \_\_\_\_\_

**Facility**

Facility # \_\_\_\_\_ Facility Name \_\_\_\_\_  
OSHPD Building # BLD - \_\_\_\_\_ Building Name \_\_\_\_\_  
Type of Facility  Skilled Nursing or Intermediate Care Facility \_\_\_\_\_

**Record Detail**

Record/Project Name **MOBILE DIALYSIS UNIT INSTALLATION**  
Detailed Description \_\_\_\_\_

**Application Specific Information**

Submittal Type  Final  
Kind of Project  Remodel/Alteration Use  
Annual Building Permit  Yes  No

**Contact Information**

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 \_\_\_\_\_

Primary Type **Authorized Agent** (Authorization 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 \_\_\_\_\_



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**Application for New Project/Building Permit**

**Construction Performed By (check one)**

**Licensed Contractor**

State of California Contractor's License Number \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Organization Name \_\_\_\_\_

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Fax \_\_\_\_\_

**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 \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Email \_\_\_\_\_

**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:

I as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.)

I am exempt under Section: \_\_\_\_\_, Building and Professions Code for this reason: \_\_\_\_\_

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a contractor(s) licensed pursuant to the Contractor's State License Law.)

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 \_\_\_\_\_

Date \_\_\_\_\_ Email \_\_\_\_\_



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## Application for New Project/Building Permit

### Workers' Compensation Insurance Coverage

**WORKERS' COMPENSATION DECLARATION** (Section 3800, Labor Code):

**WARNING:** FAILURE TO SECURE WORKERS' COMPENSATION INSURANCE 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 \_\_\_\_\_

Copy Attached Insurance Agent Phone \_\_\_\_\_

**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 required 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  
 Contract

**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)* \$ \_\_\_\_\_

Note: See Instructions for Fee Information

Reason



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**Inspector of Record Applicant**

First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Fax \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

**Application Specific Information – Inspector of Record**

OSHPD Certification Number \_\_\_\_\_ Class  A  B  C  
Are you engaged in a business or other employment that requires a portion of your time?  Yes  No

If yes, describe below:

\_\_\_\_\_

**CERTIFICATION OF APPLICANT for INSPECTOR OF RECORD**

I hereby certify that all answers to the questions on this form are true, and I agree and understand that any misstatement of material fact contained in this application will be sufficient cause for my dismissal on this project, and possible suspension or revocation of my Hospital Inspector Certification. If I undertake additional work other than stated herein, I will notify the owner, the Architect, and/or Engineer, and the Office of Statewide Health Planning and Development, without delay. If appointed, I will accept the responsibilities of Inspector of Record on the above-mentioned project and will discharge the duties imposed upon me by all applicable sections of the Health and Safety Code.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**LEGAL OWNER**

This person is being employed by the facility subject to the approval of the architect, structural engineer, or other applicable professional engineer, and OSHPD, and is qualified and able to provide competent, adequate and continuous inspection during construction of this project.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

**OSHPD APPROVAL**

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**Enclosures for Project**

Number of Copies	Enclosure Type	Number of Copies	Enclosure Type
1	How - To Guide 11 with Compliance Checklist completed.	1	Plans or sketch showing the location(s) of dialysis units being installed.
1	Certificate of Insurance from a California licensed or Certificate of Consent to Self-Insure.		Other



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**Letter of Authorization**

*(If application is made by an Agent on behalf of the Legal Owner/Administrator)*

**Project #**

**To:** Office of Statewide Health Planning and Development

I hereby authorize:

Name \_\_\_\_\_ Title \_\_\_\_\_

To be known as the "Agent for Legal Applicant" in accordance with the application for New Project and as the "Legal Owner" or "Authorized Agent" on Building Permit, Post Approval Document, Notice of Start of Construction, and other OSHPD FDD forms and required documents, for the facility known as:

Facility Name \_\_\_\_\_ Facility # \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_