



RECEIVED

OFFICE USE ONLY
ABP #

Application for Annual Building Permit

Facility

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 _____

Application Specific Information – Annual Building Permit

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

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances, rules, regulations and state laws relating to building construction, and with any and all conditions of permit. I hereby authorize representatives of the HCAI to enter upon the above-identified property for inspection purposes.

Printed Name _____ Authorized Agent Legal Owner

Signature _____ Date _____

OFFICE USE ONLY

HCAI APPROVAL

Permit issued on _____

Printed Name _____ Title _____

Signature _____

Special Conditions _____



**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENT**

**INSTRUCTIONS FOR APPLICATION FOR ANNUAL BUILDING PERMIT
(HCAI-OSH-306)**

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

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

Facility

- Enter the 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 – Annual Building Permit

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

Fee Information:

General Acute Care Hospital and Acute Psychiatric Hospital fees shall be \$500.00. This fee covers \$50,000.00 of estimated construction costs. If the cost of the project/s constructed under the Annual Building Permit exceeds \$50,000.00, an additional fee of 2.0% of the estimated construction cost above the \$50,000.00 will be assessed for projects under \$250,000.00.

Projects with a total cost over \$250,000.00 will be assessed fees at a rate of 1.64% above the \$50,000.00.

The fee rate is based upon the initial contract/estimated costs and will remain constant for the project's duration.

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

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

Email: OSHPDSacProjectSupport@hcai.ca.gov

"or by mail"

Department of Health Care Access and Information
Office of Statewide Hospital Planning and Development
2020 W. El Camino Ave., Suite 800
Sacramento, CA 95833
Phone: (916) 440-8300
Fax: (916) 274-0102

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

Email: OSHPDLAProjectSupport@hcai.ca.gov

"or by mail"

Department of Health Care Access and Information
Office of Statewide Hospital Planning and Development
355 South Grand Avenue, Suite 1900
Los Angeles, CA 90071
Phone: (213) 897-0166
Fax: (916) 274-0102