

HCAI - OSHPD III Clinics Plan Review Request

A	Name of Facility:		Permit #
	Street Address:		
	City:	County:	Zip:
	Title of Project:		
B	Application Made by (Name):		
	Signature		Date
	Street Address:		
	City:	State:	Zip:
	Phone:		Email:
	Who is to be known as the: ☐ Legal Owner/Administrator ☐ Agent for the Legal Owner/Administrator/Letter of Authorization must be attached.		Local authority approval request ☐ OK ☐ N/A
C	Type of Facility: ☐ Hemodialysis ☐ Outpatient Surgery ☐ Rehabilitations ☐ ER		
	☐ Other: _____		
D	Estimated Construction Valuation: \$ _____		
	Description of Project:		
E	Review plans for compliance of OSHPD III requirements ☐ Yes ☐ No		
F	Design Firm Name:		
G	Design Professional Printed Name:		
H	Design Professional Signature:		Date:
I	Consultant Firm Assigned to do Plan Review ² :		
J	Building Official or Supervising Engineer Signature ¹ :		Date ³ :

Notes:

1. All signatures must be present in order to submit the plans for review. A pre-application meeting is required to obtain the Building Official or Supervising Engineer signature. A completed form may be submitted for approval either at the public counter or by emailing EZPermit@cityofsacramento.org
2. The applicant will be contacted by this firm for OSHPD III plan review and inspection requirements. A separate fee (independent from what is included in the City fees) will be paid directly to this firm for this service, similar to Special Inspection Services. The certification form will be signed by this firm as a representative/agent of the City of Sacramento.
3. Approval is valid for twenty (20) working days beyond the date signed. If the approval has expired, resubmit the form for approval.