



DECLARATION OF REQUEST FOR PLAN REVIEW, INSPECTION, AND VERIFICATION OF OSHPD 3 REQUIREMENTS



COMMUNITY DEVELOPMENT DEPARTMENT • 345 N EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8561
www.stocktonca.gov/buildinginspection

INSTRUCTIONS: At time of permit application, this form must be completed for any clinical facility project.

Project Address: _____ APN: _____

Business Name: _____ Permit #: BP _____

Facility Type:

Primary Care Clinic:

- Clinical Facilities
- Abortion Services
- Free Clinic
- Dental Clinic
- Employee Clinic
- Optometric Clinic
- Community Clinic
- Other:

Specialty Clinic:

- Surgical Clinic
- Chronic Dialysis Clinic
- Rehabilitation Clinic
- Psychology Clinic
- Physical Therapy
- Alternate Birth Center
- Health Facility Systems
- Other:

Please check all boxes that apply to your project:

This clinic will not be a State Licensed Clinic (OSHPD 3)

OR:

This clinic will be a State Licensed Clinic (OSHPD 3)

I am requesting the City of Stockton, per Section 1226 of the California Building Code:

- Provide only plan review of OSHPD 3 requirements
- Provide plan review, inspection of construction, and verification of OSHPD 3 requirements
- Neither – This project will independently provide plan review, inspection of construction, and verification of OSHPD 3 requirements through the California Department of Health Care Access and Information (formerly OSHPD)

I certify under penalty of perjury that I have the knowledge and authority to make this declaration:

I understand that if determined by the Building Official that the City does not have the resources to provide OSHPD 3 verification, that I will be responsible for obtaining plan review and/or inspection verification of OSHPD 3 requirements from the California Department of Health Care Access and Information (formerly OSHPD) or through a qualified 3rd party at the discretion of the Building Official, at the expense of the owner.

(Both the Clinical Governing Authority and California Registered Designer to complete and sign)

Clinical Governing Authority or Building Owner Signature:

Name:		Title:
Phone Number:	Email Address:	
Signature:		Date:

Registered Designer in Responsible Charge:

Name:		License Number:
Phone Number:	Email Address:	
Signature:		Date: