



RECEIVED

OFFICE USE ONLY  
Project #

### Project Cancellation / Withdrawal Notice

#### Facility

Project # \_\_\_\_\_  
Facility # \_\_\_\_\_ Facility Name \_\_\_\_\_  
OSHPD 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 – Project Cancellation / Withdrawal

This Notice serves as official notification that the above referenced project has been canceled. (Initial both statements)

\_\_\_\_\_  
Initial I understand that the facility will be required to submit a new Application for New Project form and construction documents, along with the appropriate filing fees, should this project be reactivated in the future.  
  
\_\_\_\_\_  
Initial I understand that a fee refund is required to be requested in writing, in accordance with CAC Section 7-134(a), which states the following:  
(a) Upon written request from the applicant, a fee refund may be issued pursuant to this section.  
1. The written refund request must be submitted to the Office within:  
a. One year of the date that a project is closed,  
b. One year of the date the project is withdrawn by the applicant, or  
c. One year of the date when an application may become void, based on the requirements of Section 7-129, Time Limitations for Approval.

#### Status of Plan Review / Construction

This Notice is submitted  
 Prior to the start of plan review  After the start of plan review and prior to the start of construction  
 Construction has begun. OSHPD Compliance Officer has verified cancelling the project does not impact the building's safety features or pose an undue risk to the health and welfare of the patients, staff, or public. (Attach CO report)

#### Refund Request

This Notice serves as a written request for a refund (in accordance with CAC Section 7-134(a)1)

#### Applicant

Project Cancellation / Withdrawal Notice made by  
 Administrator  Authorized Agent (Authorization must be attached)  Legal Owner  
  
Print Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_





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

### INSTRUCTIONS FOR PROJECT CANCELLATION / WITHDRAWAL NOTICE (OSH-FD-129)

**Note:** This form is **REQUIRED** for canceling or withdrawing a project.

#### Facility

- Enter the Office of Statewide Health Planning and Development (OSHPD) project number.
- Enter the OSHPD facility identification number.
- Enter the name of the facility as it appears on the facility license.
- Enter the OSHPD building number and building name where the work is to be performed.
- Indicate the type of facility as it is licensed.

#### Record Detail

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

#### Application Specific Information – Project Cancellation / Withdrawal

- Read both statements, and acknowledge by initialing on the lines provided.
- Indicate the current status of the project that is to be canceled / withdrawn. If construction has already begun, an OSHPD Compliance Officer must be contacted and an OSHPD Construction Advisory Report must be included with this Notice.
- Indicate if you would like to use this Notice as an official request for a refund, in accordance with Title 24 California administrative Code, Section 7-134(a)1.

#### Applicant

Note: A Project Cancellation / Withdrawal Notice must be requested by the Administrator, Authorized Agent, or the Legal Owner.

- Indicate if this Notice is being submitted by the Administrator, Authorized Agent (attach authorization), or the Legal Owner, print their respective name, provide their signature, and date.

#### ***For construction in [Northern California](#), Seismic Review and Clinics, submit to:***

Office of Statewide Health Planning and Development  
Facilities Development Division  
400 R Street, Suite 200  
Sacramento, CA 95811  
(916) 440-8300 phone  
(916) 324-9188 fax

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

Office of Statewide Health Planning and Development  
Facilities Development Division  
700 North Alameda Street, Suite 2-500  
Los Angeles, CA 90012  
(213) 897-0166 phone  
(213) 897-0168 fax

