



RECEIVED

OFFICE USE ONLY	
Project #	Increment #

Notice of Start of Construction

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 _____

Applicant

Notice of Start of Construction made by
 Administrator Authorized Agent (Authorization must be attached) Legal Owner

Print Name _____ Title _____

Signature _____ Date _____

Application Specific Information – Notice of Start of Construction

Construction Start Date _____

Contractor Information License Number _____

First Name _____ M.I. _____ Last Name _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Phone _____ Phone 2 _____ Fax _____

Notes _____

Contract Costs

Contract Award Date _____

Contract Construction Costs
(excluding fixed equipment, imaging equipment, design fees, inspection fees, and off-site improvements) \$ _____

Contract Fixed Equipment Costs
(sterilizers, chillers, boilers, etc., excluding installation) \$ _____

Contract Cost of Imaging Equipment
(X-ray, MRI, CT Scan, etc., excluding installation cost) \$ _____

Note: See Instructions for Fee Information





OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

INSTRUCTIONS FOR NOTICE OF START OF CONSTRUCTION (OSH-FD-801)

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.

Applicant

- Indicate if this notice is being submitted by the Administrator, Authorized Agent (authorization must be attached), or the Legal Owner, and print the respective name, title, sign and date.

Application Specific Information – Notice of Start of Construction

- Enter the construction start date.
- Provide the contractor information for the project. Include the Contractor's license number, name, organization name, street address, city, state, zip code, phone number and fax number.

Contract Costs

- Enter the contract award date.
- Enter the contract construction cost of the project excluding fixed equipment to be permanently attached (electrically, mechanically or structurally) to the building, imaging equipment, design fees, inspection fees, and off-site improvements.
- Enter the contract cost or value of fixed equipment (items that are permanently affixed to the building or permanently connected to a service distribution system that is designed and installed for the specific use of the equipment), excluding installation costs.
- Enter the contract cost or value of imaging equipment (X-ray, MRI, CT Scan, etc.), excluding installation cost.

Fee Information:

Acute Care Hospital fees shall be 1.64% of the contract/estimated construction cost, including fixed equipment. Imaging equipment shall be 0.164% of the contract/estimated cost or value.

Skilled Nursing Facility fees shall be 1.5% of the contract/estimated construction cost, including fixed equipment.

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

