OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION - www.oshpd.state.ca.us/fdd
400 "R" Street, Suite 200 ~ Sacramento, California 95811 Phone (916) 440-8300 FAX (916) 324-9188
700 N. Alameda Street, Suite 2-500, Los Angeles, California 90012 Phone (213) 897-0166 FAX (213) 897-0168

CERTIFICATE OF INSPECTION AND UTILITY CONNECTION AUTHORIZATION

OSHPD Project Number: _____ Increment No.: Facility I.D. No.:

Facility: _____
Address:

_____

Scope of Work/Project:

_____

Servicing Utility Company: _____

_____

The service at the above location/project is ready for utility connection. The service is:

☐ Electrical at _____ volts, _____ phase, _____ amperage.

☐ Gas at _____ CFH and designed for gas at a specific gravity of _____ and _____ BTU per cubic foot, delivered at _____ inch water column pressure.

☐ Water with _____ fixture units at _____ gallons per minute and an operating pressure of _____ psi.

To the best of my personal knowledge, as defined in CCR Title 24, Part 1, Section 7-151(b), this utility system has been installed in substantial conformance with the approved plans and specifications and applicable codes and regulations:

Design Professional of Record License No. Date

This utility system has been inspected and tested in accordance with the approved plans, specifications, applicable codes and regulations and is in compliance:

Inspector of Record OSHPD Certification No. Date

Authorization for connection of utility service:

OSHPD Compliance Officer Date