



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
FACILITIES DEVELOPMENT DIVISION

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

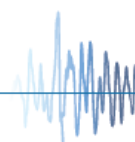
Contract Award Date \_\_\_\_\_

**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 1.64% 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  
2020 W. El Camino Ave., Suite 800  
Sacramento, CA 95833  
(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  
355 South Grand Avenue, Suite 1900  
Los Angeles, CA 90071  
(213) 897-0166 phone  
(213) 897-0168 fax

