



Declaration of Request for Plan Review, Inspection and Verification of OSHPD 3 Requirements

Plan check number: _____

Project Address: _____

Please check all boxes that apply to your project.

[] 1. This Clinic will be a State Licensed OSHPD3 Clinic.

[] 2. This Clinic will not be a State Licensed OSHPD3 Clinic.

I am requesting the City of San José, per Section 422A of the California Building Code:

[] Provide plan review and verification of OSHP3 requirements for:

[] Provide inspection of construction and verification of OSPHD3 requirements for:

Primary Care Clinic:

- [] Abortion Services
[] Clinical Facilities

Birthing Clinic:

- [] Birthing Clinics

Specialty Clinic:

- [] Surgical Clinic
[] Chronic Dialysis Clinic
[] Rehabilitation Clinic
[] Psychology Clinic
[] Health Facility Systems

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

Hospital Governing Authority Authorized Signature or Building Owner Signature

Date

Printed Name

Title