



Jurisdiction
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Department of Building and Safety

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

Please check all boxes that apply to your project.

- 1. My Clinic will be a State Licensed Clinic.
- 2. My Clinic will not be a State Licensed Clinic.

I certify under penalty of perjury:

Hospital Governing Authority Signature _____

Building Owner Signature _____

I am requesting the City of _____ to:

- Provide plan review and certify
- Inspect construction and certify

the clinic located at: _____ under OSHPD 3 requirements.

Hospital Governing Authority Signature _____ or

Building Owner Signature _____

Note: Persons designated by the building owner, as agents, for the owner and the board Member for the Hospital Governing Authority shall have a notarized letter of authorization accompanying this Certification notice.