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