

OSHPD III Plan Review Request

A	Name of Facility:	Permit #:			
	Street Address:				
	City:	County:	Zip:		
	Title of Project:				
B	Application Made by (Name):				
	Signature:		Date:		
	Street Address:				
	City:	State:	Zip:		
	Phone:				
Who is to be known as the: Legal Owner/Administrator Agent for the Legal Owner/Administrator/Letter of Authorization must be attached.			Local authority approval request OK N/A		
C	Type of Facility:	Hemodialysis	Outpatient Surgery	Rehabilitation	ER
	Other: _____ Estimated Construction Valuation: \$ _____				
D	Description of Project:				
E	Review plans for compliance of OSHPD III requirements		Yes	No	
F	Design Firm Name:				
G	Design Professional Printed Name:				
H	Design Professional Signature:		Date:		
I	Consultant Firm Assigned to do Plan Review ² :				
J	Building Official or Designee Signature ¹ :		Date ³ :		

Notes:

1. All signatures must be present in order to submit the plans for review. A pre-application meeting is required to obtain the Building Official's signature. A completed form shall be submitted for approval at the public counter.
2. The applicant will be contacted by this firm for OSHPD III plan review and inspection requirements. A separate fee (independent from what is included in the City fees) will be paid directly to this firm for this service, similar to Special Inspection Services. The certification form will be signed by this firm as a representative/agent of the City of Rocklin.
3. Approval is valid for twenty (20) working days beyond the date signed. If the approval has expired, resubmit the form for approval.