City of Santa Clara
Building Division
1500 Warburton Avenue
Santa Clara, CA 95050
www.santaclaraca.gov
Fax: (408) 241-3823

Building Division: (408) 615-2440
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Permit Center: (408) 615-2420
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Automated Inspection Scheduling System: (408) 615-2400

DECLARATION OF REQUEST FOR PLAN REVIEW, INSPECTON AND CERTIFICATION FOR OSHPD 3 CLINIC REQUIREMENTS

Building Permit Number: BLD _____

Address of Clinic: _____

☐ This Clinic will be a State Licensed OSHPD 3 Clinic.
☐ This Clinic will not be a State Licensed OSHPD 3 Clinic

If a State Licensed Clinic, please specify the type of Clinic:

- ☐ Primary care Clinic:
  - ☐ Free Clinic
  - ☐ Community Clinic
  - ☐ Employee Clinic
  - ☐ Optometric Clinic
- ☐ Psychology Clinic
- ☐ Specialty Clinic:
  - ☐ Surgical Clinic
  - ☐ Chronic Dialysis Clinic
  - ☐ Rehabilitation Clinic
  - ☐ Alternative Birth Center (ABC)
- ☐ Outpatient Clinical Service of a Hospital Service: _____

I am requesting the City of Santa Clara:

- ☐ Provide plan review and certification for this State Licensed OSHPD 3 Clinic.
- ☐ Provide Inspection and certification for this State Licensed OSHPD 3 Clinic.

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

Clinic Governing Authority: _____ _____ _____
Name Signature Date

PLAN REVIEW CERTIFICATION

The City of Santa Clara has provided Building, Mechanical, Electrical and Plumbing plan review verification under OSHPD 3 requirements for this Clinic.

Building Plans Examiner: _____ _____ _____
Name Signature Date

Electrical Plans Examiner: _____ _____ _____
Name Signature Date

Mechanical & Plumbing Plans Examiner: _____ _____ _____
Name Signature Date