

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

Updated 10/11/22

ECD FORM
700

Submit the completed form along with the building permit application at time of permit application to: buildingdivision@dalycity.org.

Project Information	
Facility Name:	
Facility Address:	
Permit Number:	
Please check all boxes that apply to your project.	
<input type="checkbox"/> This clinic will be state licensed OSHPD 3 clinic. <input type="checkbox"/> This clinic <u>will not</u> be a state licensed OSHPD 3 clinic.	
I am requesting the City of Daly City, per Section 1226.1 of the California Building Code:	
<input type="checkbox"/> Provide plan review and verification of OSHPD 3 requirements for: <input type="checkbox"/> Provide inspection of construction and verification of OSHPD 3 requirements for:	
Primary Care Clinic <input type="checkbox"/> Abortion Services <input type="checkbox"/> Clinical Facilities	Birthing Clinic <input type="checkbox"/> Birthing Clinic
Specialty Clinic <input type="checkbox"/> Surgical Clinic <input type="checkbox"/> Chronic Dialysis Clinic <input type="checkbox"/> Rehabilitation Clinic <input type="checkbox"/> Psychology Clinic <input type="checkbox"/> Health Facility Systems	

Certification Declaration	
I certify under penalty of perjury that I have the knowledge and authority to make this declaration.	
Hospital Governing Authority Authorized Signature of Building Owner Signature	Date
Printed Name	Title

