



# City of Santa Clara

The Center of What's Possible

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, INSPECTION 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:

- |  |   |
|--|---|
| <input type="checkbox"/> Primary care Clinic: <ul style="list-style-type: none"><li><input type="checkbox"/> Free Clinic</li><li><input type="checkbox"/> Community Clinic</li><li><input type="checkbox"/> Employee Clinic</li><li><input type="checkbox"/> Optometric Clinic</li></ul> | <input type="checkbox"/> Specialty Clinic: <ul style="list-style-type: none"><li><input type="checkbox"/> Surgical Clinic</li><li><input type="checkbox"/> Chronic Dialysis Clinic</li><li><input type="checkbox"/> Rehabilitation Clinic</li><li><input type="checkbox"/> Alternative Birth Center (ABC)</li></ul> |
| <input type="checkbox"/> Psychology Clinic   | <input type="checkbox"/> 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