



**City of
Santa Clara**
The Center of What's Possible

Building Division: 408-615-2440
 Email: Building@santaclaraca.gov
 Permit Center: 408-615-2420
 Email: PermitCenter@santaclaraca.gov
 Automated Inspection Scheduling System: 408-615-2400

**CERTIFICATION FOR OSHPD 3 CLINICS
AND FREESTANDING OUTPATIENT CLINIC SERVICES OF A HOSPITAL**

The City of Santa Clara certifies that the following facility conforms to the current applicable edition of the California Building Standards Code for the subject permit¹ and as such, meets the applicable clinic provisions (OSHPD 3) propounded by the Office of Statewide Health Planning and Development.

Building Permit Number: BLD _____

Clinic's Name: _____

Address: _____

Type of Clinic

- | | |
|---|---|
| <input type="checkbox"/> Primary care Clinic: | <input type="checkbox"/> Specialty Clinic: |
| <input type="checkbox"/> Free Clinic | <input type="checkbox"/> Surgical Clinic ² |
| <input type="checkbox"/> Community Clinic | <input type="checkbox"/> Chronic Dialysis Clinic ² |
| <input type="checkbox"/> Employee Clinic | <input type="checkbox"/> Rehabilitation Clinic |
| <input type="checkbox"/> Optometric Clinic | <input type="checkbox"/> Alternative Birth Center (ABC) |
| <input type="checkbox"/> Psychology Clinic | <input type="checkbox"/> Outpatient Clinical Service of a Hospital Service: _____ |

**CITY OF SANTA CLARA
BUILDING DIVISION**

Inspector Name: _____

Title: _____

Signature: _____

Date: _____

¹ Refer to the permit number and project plans for the applicable edition of the California Building Standards Code.

² In accordance with Health and Safety Code Section 129885, certification of chronic dialysis and surgical services buildings is required to be provided by a city or county building department with jurisdiction over the project. If the city or county will not be providing this certification, plans shall be submitted to OSHPD for certification review.