



TOWN OF LOS GATOS

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

Permit No: _____

Project Address: _____

Please check all boxes that apply to your project.

- This Clinic will be a State Licensed OSHPD3 Clinic.
- This Clinic will not be a State Licensed OSHPD3 Clinic.

I am requesting the Town of Los Gatos, per Section 422. 1 of the California Building Code:

- Provide plan review and verification of OSHPD3 requirements for:
- Provide inspection of construction and verification of OSHPD3 requirements for:

Primary Care Clinic:

- Abortion Services
- Clinical Facilities

Specialty Clinic:

- Surgical Clinic
- Chronic Dialysis Clinic
- Rehabilitation Clinic
- Psychology Clinic
- Health Facility Systems

Alternative Birthing Clinic:

- Alternative Birthing Clinic

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

Hospital Governing Authority Authorized Signature or Building Owner Signature Date

Printed Name Title