



Community Resources Agency
48 W. Yaney Avenue, Sonora
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www.tuolumnecounty.ca.gov

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

Plan check number: _____

Project Address: _____

Please check all boxes that apply to your project:

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

I am requesting the County of Tuolumne, per Section 1226 of the 2007 California Building Code:

Provide plan review and verification of OSHP3 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

Birthing Clinic:

Birthing Clinics

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