LARUCP

Department of Building and Safety

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

Please check all boxes that apply to your project.

☐ 1. My Clinic will be a State Licensed Clinic.
☑ 2. My Clinic will not be a State Licensed Clinic.

I certify under penalty of perjury:

Hospital Governing Authority Signature _____ X

Building Owner Signature _____ ASST. SECRETARY
TRIZEC HOLDINGS, INC, AS GENERAL PARTNER
MARINA AIRPORT ~~HOTEL~~ (OWNER)

I am requesting the City of _____ to:

☐ Provide plan review and certify
☐ Inspect construction and certify

the clinic located at: _____ under OSHPD 3 requirements.

Hospital Governing Authority Signature _____ or

Building Owner Signature _____

Note: Persons designated by the building owner, as agents, for the owner and the board Member for the Hospital Governing Authority shall have a notarized letter of authorization accompanying this Certification notice.