



**City of Atascadero
Community Development Department**

PUBLIC INFORMATION - BUILDING SERVICES

Community Development Department 6500 Palma Ave Atascadero, CA 93422 (805) 461-5035 fax (805) 461-7612

**DECLARATION OF REQUEST FOR PLAN REVIEW, INSPECTION AND
CERTIFICATION OF OHSPD 3 REQUIREMENTS**

Please check all boxes that apply to your project:

My Clinic will not be a State Licensed Clinic

I certify under penalty of perjury:

Clinic Governing Authority Signature _____

Building Owner Signature _____

OR:

My Clinic will be a State Licensed Clinic

I am requesting the City of Atascadero to:

Provide plan review and certify under OSHPD 3 requirements

Inspect construction activity and certify under OSHPD 3 requirements

at the clinic located at _____.

I understand and agree that the plan review and construction observation will be by certified 3rd party at the discretion of the Building Official, and at the expense of the owner

Clinic Governing Authority Signature _____

Building Owner Signature _____

Note: Persons designated by the building owner, as agents for the owner, shall have a notarized letter of authorization accompanying this Certification Notice.

Intake Person Signature

Date