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**Department of Building and Safety**

**Notice of Certification of Completion of Plan Review and Inspection for  
Office of Statewide Health and Planning Department**

**OSHPD 3 Requirements**

**The City of \_\_\_\_\_ has provided plan review and verification  
under OSHPD 3 requirements, for the clinic located at \_\_\_\_\_.**

Signature of Plan reviewer \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**The City of \_\_\_\_\_ has provided inspection verification  
under OSHPD 3 requirements, for the clinic located at \_\_\_\_\_.**

Signature of Inspector \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_