



To: Elizabeth Watty, Assistant Director of Current Planning, City and County of San Francisco
From: Phil Kay, Sutter Health
Date: November 7, 2014
Re: Milestone Completion Notice

As required by Section 4.2.3 of the Development Agreement CPMC shall provide a Milestone Completion notice to the City within thirty days following the completion of each milestone listed in the Schedule and Phasing Plan (Exhibit C), from CPMC's project manager for the construction of the St. Luke's Campus Hospital, which shall, to the best of such individual's knowledge following reasonable due diligence: (i) confirm the completion of the Milestone, (ii) update the construction schedule for each and describe any material changes to the schedule and the reasons therefore, (iii) describe any existing or anticipated material delays in meeting the Milestones that follow, and (iv) confirm CPMC's expectation to satisfy the St. Luke's Campus Hospital Opening Deadline.

As indicated by the attached acceptance letter from the California Office of Statewide Health Planning and Development (OSHPD), the approval of the Foundation Shoring permit occurred on August 5, 2014 and, accordingly, this Milestone is satisfied. The increment numbering system for this project was revised by OSHPD subsequent to the execution of the Development Agreement.

In addition, the project site was occupied by the General Contractor on October 9th to facilitate invasive soil testing and the shoring work began on October 21st, 2014 (see attached permit approval).

We do not have any updates to the construction schedule and do not anticipate material delays in meeting future Milestones at this time, assuming continued cooperation with OSHPD. We confirm that we expect to satisfy the St. Luke's Campus Hospital Opening Deadline.

Very truly yours,

Phil Kay
Project Manager
Sutter Health

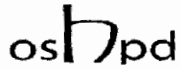
California Campus
3700 California Street

Davies Campus
Castro & Duboce Streets

Pacific Campus
2333 Buchanan Street

St. Luke's Campus
3555 Cesar Chavez Street

Mailing Address:
P.O. Box 7999
SF, CA 94120
(415) 600-6000



Office of Statewide Health Planning and Development

**Facilities Development Division**

400 R Street, Suite 200
Sacramento, CA 95811
Phone: (916) 440-8300
Fax: (916) 324-9188
www.oshpd.ca.gov/fdd

August 5, 2014

Stephen Peppler - C10625
SMITH GROUP
301 Battery Street, 7th Floor
San Francisco, CA 94111

Facility: California Pacific Medical Center-St. Lukes Hospital - 18188
3555 Cesar Chavez Street
San Francisco, CA 94110

Project #: I140001-38-04
Building Permit #: I140001-38-04-BPT01

Project Title: Increment 4, Foundation Shoring, Replacement Hospital at St. Luke's Campus

Enclosed is the Building Permit application package for this project. (The Building Permit application package includes the Application for Building Permit, the approved Application for Inspector of Record, and the approved Testing, Inspection and Observation (TIO) Program for the project listed above.) ***The Building Permit has been issued with comments on the plans and/or specifications. Before construction is completed, OSHPD Facilities Development Division (FDD) will back check the comments either in the field or at the OSHPD office. FDD will require compliance with the comments before construction pertaining to the comments may begin.***

Please post the Building Permit at the project site and maintain a complete set of the stamped, approved construction documents on-site at all times.

The ***OSH-FD-801 Notice of Start of Construction*** form must be submitted to the Office prior to beginning construction. The completed form must show the construction start date and include the name and address of the contractor, the contract price, and the date on which the contract was given.

Construction, in accordance with the approved construction documents, must commence by 06/30/2015 or this permit will be voided unless an extension has been requested and approved prior to this date.

All correspondence submitted to this Office must be identified by the OSHPD project number: I140001-38-04.

Verified Compliance Reports must be submitted to the Office in accordance with California Code of Regulations (CCR), Title 24.

August 5, 2014
Stephen Peppler
Project #: I140001-38-04
Building Permit #: I140001-38-04-BPT01
Page 2

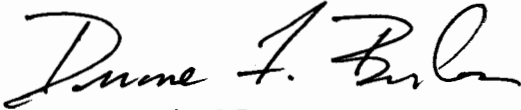
☒ TIO Program is **APPROVED WITH COMMENTS:**

☒ The identities of firms or individuals performing required tests shall be submitted to the OSHPD Compliance Officer prior to performance of the work.

☒ The identities of individuals performing required special inspections shall be submitted to the OSHPD Compliance Officer prior to performance of the work.

☒ Samples of tests and inspection reports shall be submitted to the OSHPD Compliance Officer prior to performance of the work.

If there are any questions, please contact me at (916) 440-8409 or by email at duane.borba@oshpd.ca.gov.



Duane F. Borba, P.E.
Regional Compliance Officer

Enclosures

cc: Licensing & Certification
Facility Representative
Project File
IOR

CANCELLED
APPROVED
Dept. of Building Inspection
OCT 06 2014

MAHER ORDINANCE - EXTENDED
Disturbance of at least 50 cu. yd. of soil:
☒ Yes ☐ No
If yes, route to DPH for compliance with Ordinance No. 155-13.
☐ Exempted - Approval from DPH attached

APPROVED FOR ISSUANCE

BLDG. FORM 3/8

APPLICATION NUMBER

OSHA APPROVAL REQ'D ☐

**APPLICATION FOR BUILDING PERMIT
ADDITIONS, ALTERATIONS OR REPAIRS**

**CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF BUILDING INSPECTION**

APPLICATION IS HEREBY MADE TO THE DEPARTMENT OF BUILDING INSPECTION OF SAN FRANCISCO FOR PERMISSION TO BUILD IN ACCORDANCE WITH THE PLANS AND SPECIFICATIONS SUBMITTED HERewith AND ACCORDING TO THE DESCRIPTION AND FOR THE PURPOSE HEREINAFTER SET FORTH.

FORM 3 ☐ OTHER AGENCIES REVIEW REQUIRED

FORM 8 ☐ OVER-THE-COUNTER ISSUANCE

NUMBER OF PLAN SETS

DATE FILED 9/11/14	FILING FEE RECEIPT NO. 1404	(1) STREET ADDRESS OF JOB 3555 CEDAR CHAVEZ ST	BLOCK & LOT 6775/001
PERMIT NO. 1931947	ISSUED OCT - 6 2014	(2A) ESTIMATED COST OF JOB 2000000	(2B) REVISED COST: BY: C.Y. \$3M DATE: 8/13/14

INFORMATION TO BE FURNISHED BY ALL APPLICANTS

LEGAL DESCRIPTION OF EXISTING BUILDING

(4A) TYPE OF CONSTR. N/A	(5A) NO. OF STORIES OF OCCUPANCY: 0	(6A) NO. OF BASEMENTS AND CELLARS: 0	(7A) PRESENT USE: VACANT LOT	(8A) OCCUP. CLASS N/A	(9A) NO. OF DWELLING UNITS: 0
-----------------------------	--	---	---------------------------------	--------------------------	----------------------------------

DESCRIPTION OF BUILDING AFTER PROPOSED ALTERATION

(4) TYPE OF CONSTR. N/A	(5) NO. OF STORIES OF OCCUPANCY: 0	(6) NO. OF BASEMENTS AND CELLARS: 0	(7) PROPOSED USE (LEGAL USE) VACANT LOT	(8) OCCUP. CLASS N/A	(9) NO. OF DWELLING UNITS: 0
----------------------------	---------------------------------------	--	--	-------------------------	---------------------------------

(10) IS AUTO RUNWAY TO BE CONSTRUCTED OR ALTERED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(11) WILL STREET SPACE BE USED DURING CONSTRUCTION? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(12) ELECTRICAL WORK TO BE PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(13) PLUMBING WORK TO BE PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	--	--	--

(14) GENERAL CONTRACTOR Hernew Boldt	ADDRESS 1720 Van Ness, SF, CA	ZIP 94173	PHONE 911 730 3/31/14	CALIF. LIC. NO. 7027400	EXPIRATION DATE 3/31/16
---	----------------------------------	--------------	--------------------------	----------------------------	----------------------------

(15) OWNER - LESSEE (CROSS OUT ONE) OWNER	ADDRESS 7999 Divisadero St	ZIP 94126	BTRC# 7999	PHONE (FOR CONTACT BY DEPT.) 415 777 7999
--	-------------------------------	--------------	---------------	--

(16) WRITE IN DESCRIPTION OF ALL WORK TO BE PERFORMED UNDER THIS APPLICATION (REFERENCE TO PLANS IS NOT SUFFICIENT)

ADDITIONAL INFORMATION

(17) DOES THIS ALTERATION CREATE ADDITIONAL HEIGHT OR STORY TO BUILDING? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(18) IF (17) IS YES, STATE NEW HEIGHT AT CENTER LINE OF FRONT	(19) DOES THIS ALTERATION CREATE DECK OR HORIZ. EXTENSION TO BUILDING? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(20) IF (19) IS YES, STATE NEW GROUND FLOOR AREA SQ. FT.
---	---	---	---

(21) WILL SIDEWALK OVER SUB-SIDEWALK SPACE BE REPAIRED OR ALTERED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(22) WILL BUILDING EXTEND BEYOND PROPERTY LINE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(23) ANY OTHER EXISTING BLDG. ON LOT? (IF YES, SHOW ON PLOT PLAN) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(24) DOES THIS ALTERATION CONSTITUTE A CHANGE OF OCCUPANCY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	--	--	--

(25) ARCHITECT OR ENGINEER (DESIGN <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> ADDRESS	CALIF. CERTIFICATE NO.
--	------------------------

(26) CONSTRUCTION LENDER (ENTER NAME AND BRANCH DESIGNATION IF ANY. IF THERE IS NO KNOWN CONSTRUCTION LENDER, ENTER "UNKNOWN") ADDRESS

IMPORTANT NOTICES

No change shall be made in the character of the occupancy or use without first obtaining a Building Permit authorizing such change. See San Francisco Building Code and San Francisco Housing Code.

No portion of building or structure or scaffolding used during construction is to be closer than 6'0" to any wire containing more than 750 volts. See Sec 385, California Penal Code.

Pursuant to San Francisco Building Code, the building permit shall be posted on the job. The owner is responsible for approved plans and application being kept at building site.

Grade lines as shown on drawings accompanying this application are assumed to be correct. If actual grade lines are not the same as shown, revised drawings showing correct grade lines, cuts and fills, and complete details of retaining walls and wall footings must be submitted to this department for approval.

ANY STIPULATION REQUIRED HEREIN OR BY CODE MAY BE APPEALED.

BUILDING NOT TO BE OCCUPIED UNTIL CERTIFICATE OF FINAL COMPLETION IS POSTED ON THE BUILDING OR PERMIT OF OCCUPANCY GRANTED, WHEN REQUIRED.

APPROVAL OF THIS APPLICATION DOES NOT CONSTITUTE AN APPROVAL FOR THE ELECTRICAL WIRING OR PLUMBING INSTALLATIONS. A SEPARATE PERMIT FOR THE WIRING AND PLUMBING MUST BE OBTAINED. SEPARATE PERMITS ARE REQUIRED IF ANSWER IS "YES" TO ANY OF ABOVE QUESTIONS (10) (11) (12) (13) (22) OR (24).

THIS IS NOT A BUILDING PERMIT. NO WORK SHALL BE STARTED UNTIL A BUILDING PERMIT IS ISSUED.

In dwellings, all insulating materials must have a clearance of not less than two inches from all electrical wires or equipment.

MARK APPROPRIATE BOX
☐ OWNER
☐ LESSEE
☐ CONTRACTOR

☐ ARCHITECT
☐ AGENT
☐ ENGINEER

APPLICANT'S CERTIFICATION

I HEREBY CERTIFY AND AGREE THAT IF A PERMIT IS ISSUED FOR THE CONSTRUCTION DESCRIBED IN THIS APPLICATION, ALL THE PROVISIONS OF THE PERMIT AND ALL LAWS AND ORDINANCES THERETO WILL BE COMPLIED WITH.

NOTICE TO APPLICANT

HOLD HARMLESS CLAUSE. The permittee(s) by acceptance of the permit, agree(s) to indemnify and hold harmless the City and County of San Francisco from and against any and all claims, demands and actions for damages resulting from operations under this permit, regardless of negligence of the City and County of San Francisco, and to assume the defense of the City and County of San Francisco against all such claims, demands or actions.

In conformity with the provisions of Section 3800 of the Labor Code of the State of California, the applicant shall have worker's compensation coverage under (I) or (II) designated below, or shall indicate item (III), (IV), or (V), whichever is applicable. If however item (V) is checked, item (IV) must be checked as well. Mark the appropriate method of compliance below.

I hereby affirm under penalty of perjury one of the following declarations:

- () I. I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
- () II. I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:
Carrier Travelers Property Casualty
Policy Number VTJUB8841L9553
- () III. The cost of the work to be done is \$100 or less.
- () IV. I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California. I further acknowledge that I understand that in the event that I should become subject to the worker's compensation provisions of the Labor Code of California and fail to comply forthwith with the provisions of Section 3800 of the Labor Code, that the permit herein applied for shall be deemed revoked.
- () V. I certify as the owner (or the agent for the owner) that in the performance of the work for which this permit is issued, I will employ a contractor who complies with the worker's compensation laws of California and who, prior to the commencement of any work, will file a completed copy of this form with the Central Permit Bureau.

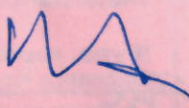


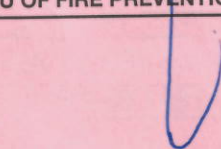
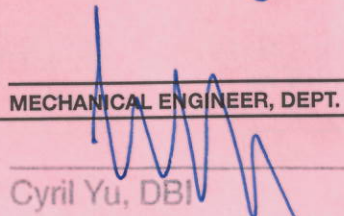
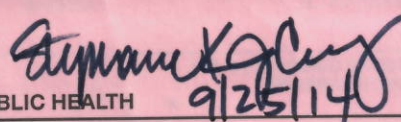


OCT - 6 2014

Signature of Applicant or Agent

Date

APPLICANT COPY

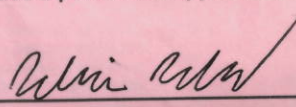
CONDITIONS AND STIPULATIONS

REFER TO:	APPROVED:  BUILDING INSPECTOR, DEPT. OF BLDG. INSP.	DATE: _____ REASON: _____ NOTIFIED MR. _____
<input type="checkbox"/>	APPROVED: <i>per Development Agreement 2012-0403W</i>  DEPARTMENT OF CITY PLANNING	DATE: _____ REASON: _____ NOTIFIED MR. _____
<input type="checkbox"/>	APPROVED:  BUREAU OF FIRE PREVENTION & PUBLIC SAFETY	DATE: _____ REASON: _____ NOTIFIED MR. _____
<input type="checkbox"/>	APPROVED:  MECHANICAL ENGINEER, DEPT. OF BLDG. INSPECTION	DATE: _____ REASON: _____ NOTIFIED MR. _____
<input type="checkbox"/>	APPROVED:  Cyril Yu, DBI AUG 15 2014 CIVIL ENGINEER, DEPT. OF BLDG. INSPECTION	DATE: _____ REASON: _____ NOTIFIED MR. _____
<input checked="" type="checkbox"/>	APPROVED: DPW/BSM SIGN OFF ON JOB CARD REQUIRED PRIOR TO DBI FINAL CALL 554-7149 TO SCHEDULE By <u>LTC 9/30/14</u> Liang Tian Cy, DPW/BSM BUREAU OF ENGINEERING	DATE: _____ REASON: _____ NOTIFIED MR. _____
<input checked="" type="checkbox"/>	APPROVED: Accepted by the San Francisco Department of Public Health Maher Program with the following conditions: Obtain copies and follow the requirements of the Site Mitigation Plan, Environmental Health and Safety Plan, Dust Control Plan and other documents and requirements to ensure compliance with the S.F. Maher Ordinance.  DEPARTMENT OF PUBLIC HEALTH	DATE: _____ REASON: _____ NOTIFIED MR. _____
<input type="checkbox"/>	APPROVED:  REDEVELOPMENT AGENCY	DATE: _____ REASON: _____ NOTIFIED MR. _____
<input type="checkbox"/>	APPROVED:  HOUSING INSPECTION DIVISION	DATE: _____ REASON: _____ NOTIFIED MR. _____

HOLD SECTION - NOTE DATES AND NAMES OF ALL PERSONS NOTIFIED DURING PROCESSING

I agree to comply with all conditions or stipulations of the various bureaus or departments noted on this application, and attached statement of conditions or stipulations, which are hereby made a part of this application.

Number of attachments ☐


OWNER'S AUTHORIZED AGENT