

**PLAN REVIEW APPLICATION**

**Submitter Information**      Company Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Facility Information**      Facility Name: \_\_\_\_\_  
 ID No: \_\_\_\_\_ Component No: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_

**Type of Review**      Electronic Appointment      Electronic Mail  
 Date of Appointment: \_\_\_\_\_  
 Plan Reviewer: \_\_\_\_\_  
**Submissions must be uploaded 24 hours prior to your appointment.**

**Type of Submission**      Preliminary Review      Final Review

**Submission Category**      New Facility      Revision to Previously Approved Plans  
                                          Alteration/Renovation to Existing Facility      **Are revisions properly clouded?**      Yes      No  
                                          Addition to Existing Facility      Sprinkler Drawings to Previously Approved Plans  
                                          **Revisions and Sprinkler Drawings to Previously Approved Plans:**      Stand Alone Sprinkler Project

List Dept. of Health Drawing Index Number(s) of previously approved plans associated with this project:

**Special Requirements and Documentation**

**Hospital and Ambulatory Surgery Center-2014 Guidelines**  
 Project narrative complies with functional program requirements detail in Section 1.2-2 of the 2014 Guidelines for Design and Construction of Health Care Facilities.  
 Safety Risk Assessment (SRA) per Section 1.2-3 of the 2014 Guidelines completed and documented in project narrative.  
 Does this project involve installation of new or modification to existing infrastructure systems?  
                                          Yes      No  
 If yes, a plan has been developed with the facility owner/representative that conforms to the commissioning process required by Section 1.2-8 of the 2014 Guidelines for Design and Construction of Health Care Facilities.

**Hospital and Ambulatory Surgery Center-2018 Guidelines**  
 Project narrative complies with functional program requirements detail in Section 1.2-2 & 1.2-3 of the 2018 Guidelines for Design and Construction of Hospitals (Hospital)/Design and Construction of Outpatient Facilities (ASC).  
 Safety Risk Assessment (SRA) per Section 1.2-4 of the 2018 Guidelines completed and documented in project narrative.  
 Does this project involve installation of new or modification to existing infrastructure systems?  
                                          Yes      No  
 If yes, a plan has been developed with the facility owner/representative that conforms to the commissioning process required by Section 1.2-8 of the 2018 Guidelines for Design and Construction of Health Care Facilities.

**Documentation**      Check required documents when applicable.  
                                          Narrative on Facility Letterhead  
                                          SRA is noted in narrative  
                                          Architect/Engineer Seals  
                                          Sprinkler Calculations

**Estimated Capital Expenditure**      \$ \_\_\_\_\_