



**N.C. Department of Health and Human Services
Division of Health Service Regulation
Construction Section**

2705 Mail Service Center Raleigh, NC 27699-2705 or 1800 Umstead Drive Raleigh, NC 27603

CONSTRUCTION PROJECT PLAN SUBMITTAL FORM

GENERAL INFORMATION

Name of Facility: _____
 Physical Address of Facility: _____
 FID #: _____ Facility License #: _____
 Type of Facility: Adult Care Home Ambulatory Surgery Hospice Hospital ICF/IID Jail
 Nursing Home Psychiatric Hospital (MHH) Other: _____

PROJECT INFORMATION

Project Title: _____
 DHSR Project #: _____ State Construction #: _____
 CON Project ID #: _____ CON Under Review CON "No Review Letter" N/A
 Type of Construction: NEW RENOVATION ADDITION Other: _____
 Type of Submittal: SD DD CD Fire Protection Revision Other: _____
 Number of Sets: _____ Number of Specifications: _____
 Square Footage of Project: New Construction: _____ Renovation: _____

OWNER INFORMATION

Contact Name: _____ Email: _____
(All correspondence will be addressed to this person)
 Contact Title: _____ Phone: _____

Hospital Projects: (Functional Program per FGI Section 1.2-2 is required)
 All Other Projects: (Provide a Scope of Work Narrative. Attach sheets as needed)

Invoice Recipient

Contact Name: _____
 Company: _____
 Address: _____

 Phone: _____ Fax: _____
 Email Address: _____

Architect/Engineer Information

Contact Name: _____
 Company: _____
 Address: _____

 Phone: _____ Fax: _____
 Email Address: _____

Local Jurisdiction: City County

Contact Name _____ Email: _____

Please Include Completed Appendix B & Life Safety Plan with Initial Submittal

CONSTRUCTION PROJECT PLAN SUBMITTAL FORM

INSTRUCTION SHEET

Except as noted below every time you submit plans to the Construction Section for review, a Healthcare and Jail Plan Submittal Form (Plan Submittal Form) must be completed and submitted with your plans.

A Plan Submittal Form does not need to be submitted for an existing facility being licensed for the first time as an intermediate care facility for individuals with intellectual disabilities (ICF/IID); a mental health group home for children and adults with mental illness, developmental disabilities and substance abuse issues; or a family care home.

Additionally, a Plan Submittal Form does not need to be submitted for the construction and remodeling of children's foster care camps, residential child-care facilities and residential maternity homes licensed by N.C. Department of Health and Human Service Division of Social Services.

GENERAL INFORMATION

Name of Facility: Enter the licensed facility name.

Physical Address of Facility: Enter the site address provided by the 911 emergency management services in your county.

FID #: Enter the Facility Identification Number assigned by the Certificate of Need Section, Construction Section or one of the DHSR Licensure Sections.

Facility License #: If the facility is licensed, enter number assigned by one of the DHSR Licensure Sections. County, municipal and regional jails are not licensed by DHSR and will not have a license number.

Type of Facility: Enter the facility type you are being licensed under. If the facility type is either a newly constructed mental health 24-hour residential facility or a family care home, indicate this in **Other**.

PROJECT INFORMATION

Please Note: After receiving the initial plan submittal, the DHSR Project #, FID #, CON Project ID #, will be listed on the acknowledgement letter sent from the DHSR Construction Section to the owner. For state owned facilities, the State Construction Office Project # will also be listed on the acknowledgement letter.

**** Please make sure that a completed NCSBC Appendix B Building Code Summary and Life Safety plan is submitted with your plans. Include Interim Life Safety Plans for phased projects.**

Project Title: Enter the title given to this project as noted on the cover sheet of the plans submitted.

DHSR Project #: Enter the assigned Construction Section project number.

CON Project ID #: If you know the Certificate of Need (CON) Project ID #, please include this number on the form. If the project is under review by the CON Section, but not approved please check this box. For some projects not needing a CON, the CON Section when requested issues a letter indicating the project is either exempt from CON review (Exemption Letter) or does not need a CON review (No Review Letter). If the CON Section has issued an Exemption letter for your project, please check the **CON Exemption Letter** box. If the CON Section has issued a No Review letter, please check the **CON No Review Letter** box. If your project does not require a CON, please check the N/A box.

State Construction Office Project #: For state owned facilities, enter the project number assigned by the State Construction Office.

Type of Construction: Identify what kind of work is being done to the facility as follows: check **New** for new construction, check **Renovation** for remodeling or alteration work, check **Addition** for an addition to an existing facility, or **Other** for anything else not mentioned. Check all types of construction that apply to your project.

Type of Submittal: Check the type of plans being submitted as follows: **SD** – Schematic Design; **DD** – Design Development; **CD** – Construction Documents; **Fire Protection**; **Revision** – a previously submitted drawing which has been revised; **Other** – ex: Maglock System Drawings.

Number of Sets: Enter number of plan sets submitted on this date, including volumes.

Number of Specifications: Enter number of copies submitted on this date, including volumes.

Square Footage of Project: Enter the project square footage, which should match the square footage indicated on the NCSBC Appendix B Building Code Summary. This same square footage number will be used to determine the Construction Section's Project Fee to be invoiced to the owner. The square footage number used to prepare the invoice will include both new construction and any renovations within the facility related to the project.

OWNER INFORMATION

Please Note: The owner's information is the primary contact person for this project. All correspondences associated with this project will be addressed to this contact person. If other owner representatives are to be copied on correspondences associated with this project, please provide their contact information as well.

Functional Program: For Hospital projects, attach a detailed Functional Program in accordance with **FGI, Section 1.2-2**. Initial review of a project cannot be performed until the Functional Program is received.
OR

Scope of Work Narrative: For other projects, enter a brief written summary of the work being done to this facility. When reviewing a project for the first time, this information helps decrease review time and results in more accurate reviews.

Invoice Recipient (If different from owner): This person will be sent the plan review fee invoice.

Architect/Engineer Information: Enter contact information for any architect or engineer working on the project who would like to receive copies of the review letters and other project documentation. Since email is our primary means of communication, please provide valid email information for all contacts.

Local Building Inspections Department with Jurisdiction: Enter the contact information for the local building inspector who has jurisdiction over this project. The DHSR Construction Section usually sends a copy of our plan review comments to the local building inspections department that has jurisdiction over the facility's construction. Providing this information helps assure our office that copies of plan review comments are being sent to the correct person.

If you need to attach extra sheets to the Plan Submittal Form, please feel free to do so.

If you have any questions concerning this Construction Project Plan Submittal Form, please call Tahlia Renn at 919-855-3911 or email Tahlia.Renn@dhhs.nc.gov. If no answer, please call the main number at 919-855-3893.