



**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**

**Previously Submitted Active Projects (Additional Submittals):**

DHSR Project #: \_\_\_\_\_  
 CON Project ID #: \_\_\_\_\_ State Construction #: \_\_\_\_\_  
 Type of Submittal:  SD  DD  CD  Fire Protection  Revision  Other: \_\_\_\_\_  
 Number of Sets: \_\_\_\_\_ Number of Specifications: \_\_\_\_\_

**Initial Submittal\*\*:**

Project Title: \_\_\_\_\_  
 Type of Construction:  NEW  RENOVATION  ADDITION Other: \_\_\_\_\_  
 Type of Submittal:  SD  DD  CD  Fire Protection  Other: \_\_\_\_\_  
 Number of Sets: \_\_\_\_\_ Number of Specifications: \_\_\_\_\_  
 Square Footage of Project: New Construction: \_\_\_\_\_ Renovation: \_\_\_\_\_  
 CON Project ID #: \_\_\_\_\_  CON Under Review  CON "No Review Letter"  N/A  
 Scope of Work Narrative (attach if needed):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Invoice Recipient (If different from owner)**

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; and 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.

If this is the initial plan submittal, please complete the **General Information** section; skip the **Previously Submitted Active Projects** section; and complete the **Initial Submittal** section. For any subsequent submittals on an active project, the **General Information** and **Previously Submitted Active Projects** sections are the only sections that should be completed.

### 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.*

#### **Previously Submitted Active Projects (Additional Submittals):**

**DHSR Project #:** Enter the assigned Construction Section project number (please call if you do not have this number).

**CON Project ID #:** If applicable, enter the Certificate of Need (CON) Project ID #.

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

**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.

**Initial Submittal\*\* (First Time Submitting Plans):**

**\*\* Please make sure that a completed NCSBC Appendix B Building Code Summary and Life Safety plan is submitted with your plans.**

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

**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, or check **Addition** for an addition to an existing facility. 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** ; or **Other** – ex: Maglock System Drawings.

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

**Number of Specifications:** Enter the 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.

**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.

**Scope of Work Narrative:** Enter a brief written summary of the type of 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):** Enter the contact information for the primary contact person for this project. This person will also 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 facilities 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 an extra sheet to this 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](mailto:Tahlia.Renn@dhhs.nc.gov)