



Protecting, Maintaining and Improving the Health of Minnesotans

CONSTRUCTION PLAN REVIEW SUBMITTAL FORM

GENERAL INFORMATION

Project Name:			
Description of work:			
Project Address:			
City:	MN	Zip:	County
Owner:	Contact:		Phone:
Owner Email:			
Submitter (Project Point of Contact Firm): Firm Name:			Phone:
Submitter: Mailing Address:			Fax:
City:	State:	Zip:	
Submitter's Email:			

BUILDING INFORMATION

Building Use:	Occupancy Group:
Number of floors:	Height of Building (Ft):

PLAN REVIEW CODE INFORMATION

Please indicate below type of construction per NFPA 220 (1999 Edition)	
<input type="checkbox"/> NEW <input type="checkbox"/> REMODEL <input type="checkbox"/> ADDITION	
<input type="checkbox"/> I (443) <input type="checkbox"/> I (332) <input type="checkbox"/> II (222) <input type="checkbox"/> II (111) <input type="checkbox"/> II (000) <input type="checkbox"/> III (211) <input type="checkbox"/> III (200) <input type="checkbox"/> IV (2HH) <input type="checkbox"/> V (111) <input type="checkbox"/> V (000)	
State License Type: <input type="checkbox"/> NH <input type="checkbox"/> HSP <input type="checkbox"/> FOSC <input type="checkbox"/> SLF <input type="checkbox"/> RES. HSPICE	
Federal Certification Type: <input type="checkbox"/> SNFNF <input type="checkbox"/> HSP <input type="checkbox"/> CAH <input type="checkbox"/> ASC <input type="checkbox"/> ICF <input type="checkbox"/> ESRD	

LIFE SAFETY SYSTEMS INFORMATION

Is the new building or addition sprinklered? <input type="checkbox"/> yes <input type="checkbox"/> No	Indicate type of NFPA system installed <input type="checkbox"/> 13 <input type="checkbox"/> 13R <input type="checkbox"/> 13D
Is the existing building sprinklered <input type="checkbox"/> yes <input type="checkbox"/> No	
Is the new building provided with a complete NFPA 72 fire alarm system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the existing building have a NFPA 72 fire alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SIZE OF AREAS (SF) AND OCCUPANT LOADS FOR APPLICABLE WORK

New Building (SF) (Stand alone structure)	Addition to Building (SF): (New structure attached to existing building)
Finish Existing Shell Space (SF): (Space that was not occupied before)	Remodeled Area (SF): (Space previously occupied)
ESTIMATED PROJECT COST: This includes all materials and labor needed to complete this project. DO NOT include soft costs for design, permits or finance charges, in accordance with MN Statute 144A.071:	

Abbreviations:

ASC	Ambulatory Surgical Center
CAH	Critical Access Hospital
ESRD	End Stage Renal Disease Provider
FOSC	Freestanding outpatient Surgical Center
HSP	Hospital
ICF	Intermediate Care Facility
NH	Nursing Homes
RES. HSPICE	Residential Hospice
SLF	Supervised Living Facility
SNFNF	Skilled Nursing Facility