

State of Tennessee
Department of Health
Division of Licensure and Regulation
Office of Health Care Facilities, Plans Review
665 Mainstream Drive, 2nd Floor
Nashville, Tennessee 37243
Office Phone: 615-741-6998
Fax Number: 615-253-1868



(For Office Use Only)

State Project # _____

PLANS REVIEW SUBMITTAL

Description of Project _____
Type of Project (check one) *New Construction* [] *Renovation* [] *Addition* []

Project Name _____
Street Address _____
City _____ Zip Code _____ County _____

Project Owner _____ Telephone () _____
Contact Person _____ Fax () _____
Mailing Address _____
City _____ State _____ Zip Code _____

Project Architect/Engineer _____ Telephone () _____
A/E Firm _____ Fax () _____
Contact Person _____
Mailing Address _____
City _____ State _____ Zip Code _____

Sprinkler Contractor _____ Telephone () _____
Contact Person _____ Fax () _____
Mailing Address _____
City _____ State _____ Zip Code _____

Construction start (approximate date) ____/____/____ **Construction completion** (estimated date) ____/____/____
(month) (day) (year) (month) (day) (year)

Occupancy Type (as defined by NFPA *Life Safety Code* 101, 2012 edition) _____

Construction Type (as defined by *International Building Code*, 2012 edition) IA IB IIA IIB IIIA IIIB IV VA VB
(circle one)

Building Area (outside wall to outside wall as defined by *International Building Code*)
New Construction _____ sq. ft. per largest floor **Existing Construction** _____ sq. ft. per largest floor
Total (all floors) _____ sq. ft. Total (all floors) _____ sq. ft.
Existing Building Construction Type _____

One Hour Protected? YES NO **Sprinklered?** YES NO **Height** _____ ft. **Number of Stories** _____
(circle one) (circle one)

Certificate of Need (C.O.N.)? YES NO (If yes, attach copy of Certificate of Need) **C.O.N. Expiration Date** ____/____/____
(circle one) (month) (day) (year)

Licensing Application and Fee Required? YES NO (If fee is required, it must be paid prior to review)
(circle one)

Ship Approved Drawings to _____
FED/EX # _____ USPS # _____ Other _____

In accordance with Rule 1200-24-5-.03(5) of the *Rules and Regulations of the State of Tennessee*, I hereby certify that, to the best of my knowledge and belief, the total construction cost (excluding land cost and site preparation) of this project will be:
(NOTE: The State reserves the right to request verification of costs.)

Estimated Construction Cost: \$ _____ **Fee Due** (see following table on page 2 to calculate): \$ _____

Owner or Authorized Representative's Name (Type or Print) **Signature** **Date**

When calculating fee, round the construction cost up to the nearest one-thousand dollars (e.g., 125,101.00 to \$126,000.00). Submit two copies of plans and specifications sealed, with signature and date.

ESTIMATED CONSTRUCTION COST

TO CALCULATE FEE

Total Project Construction Cost
\$0.00 to 1,000,000.00

\$2.50 per thousand or fraction thereof
(\$250.00 minimum)

\$1,000,000.01 or more

\$2,500.00 for the first \$1,000,000.00 plus
\$2.00 for each additional thousand or fraction thereof

The fee for obtaining a letter stating that plans are not required to be reviewed (a “no review letter”) shall be one hundred dollars (\$100.00). This fee shall be applied to the review if it is determined plans and specifications are required to be reviewed.

The fee for review of plans and specifications for minor renovations, locking hardware, hood and duct suppression shall be three hundred dollars (\$300.00).

The fee for review of plans and specifications for Homes for the Aged (RHA’s) licensed for six (6) beds or less shall be three hundred dollars (\$300.00).

Authority: T.C.A. 68-11-202, 68-11-209 and 68-11-216.