

**PROTECTIVE**  
**HEALTH**  
**SERVICES**

**Oklahoma State Department of Health**

Protective Health Services - 0505  
 Medical Facilities  
 1000 NE 10th Street  
 Oklahoma City, OK 73117-1299  
 Telephone: (405) 271-6785  
 FAX: (405) 271-1738

**HOSPITAL PLAN REVIEW SUBMITTAL FORM**

*INSTRUCTIONS*

- I. Read carefully and complete all portions of the form. Please type.
- II. All PLANS, drawings, specifications and other documents should be submitted to the Health Facilities Plan Review Division at the address listed above. Please do not submit plans or drawings to the Financial Management Division.
- III. All REQUIRED FEES should be submitted directly to Financial Management at the post office box listed below. Please do not submit fees to the Health Facilities Plan Review Division. Checks, money orders or bank drafts must be made payable to OKLAHOMA STATE DEPARTMENT OF HEALTH, must clearly identify the project and submittal documents with which the payment is associated and be mailed to:  
 Oklahoma State Department of Health  
 Protective Health Services  
 Medical Facilities  
 P.O. Box 268816  
 Oklahoma City, OK 73126-8816
- IV. If submitting plans in person which are subject to a review fee, the submittal must be accompanied by the RECEIPT for the appropriate fee which is provided by the Financial Management Division when the payment is accepted. Please obtain this receipt from Financial Management in Room 312 before submitting any such plans for review.
- V. Plans for facilities which meet the statutory definition of a "hospital" are subject to a review fee, that is, general medical surgical hospitals, specialized hospitals, critical access and emergency hospitals, and birthing centers. Fees are based on the cost of design and construction of the project according to the following schedule. No such fee shall be refunded.

*CHECK ONE:*

<u>Project Cost</u>	<u>Review Fee</u>	<u>Project Cost</u>	<u>Review Fee</u>
A. <input type="checkbox"/> <\$10,000.00	\$250.00	C. <input type="checkbox"/> \$250,000.00 to \$1,000,000	\$1500.00
B. <input type="checkbox"/> \$10,000.00 to \$50,000.00	\$500.00	D. <input type="checkbox"/> >\$1,000,000.00	\$2000.00
C. <input type="checkbox"/> \$50,000.00 to \$250,000.00	\$1000.00	E. <input type="checkbox"/> Not Applicable	

- VI. All final plans and specifications shall be appropriately signed and sealed by an architect registered by the state of Oklahoma.

1. **NAME OF FACILITY** Tel. No. ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_ - \_\_\_\_\_  
 DBA \_\_\_\_\_

2. **Finding** \_\_\_\_\_  
**Address** (Number & Street) \_\_\_\_\_  
 (City) (State) (Zip) \_\_\_\_\_

3. **Mailing** \_\_\_\_\_  
**Address** (Number) (Street) (City) (State) (Zip) \_\_\_\_\_

5. **Project Name** \_\_\_\_\_

6. **Estimated Project Cost** \$ \_\_\_\_\_

**7. PROJECT TYPE:**

- |  |   |
|--|---|
| <input type="checkbox"/> New Construction          | <input type="checkbox"/> Relocate Existing Facility |
| <input type="checkbox"/> Remodel Existing Facility | <input type="checkbox"/> Other (specify) : _____    |

**8. PROJECT ARCHITECT:**

Architect/Firm: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Fax: (    ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**9. FACILITY OR CORPORATE PROJECT REPRESENTATIVE**

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Fax: (    ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**10. SUBMITTAL TYPE**

- |  |  |
|--|--|
| Stage One Submittal:                           | Stage Two Submittal:                           |
| <input type="checkbox"/> First Submittal       | <input type="checkbox"/> First Submittal       |
| <input type="checkbox"/> Second Submittal      | <input type="checkbox"/> Second Submittal      |
| <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Other (specify) _____ |

**SUBMITTAL REQUIREMENTS**

- Stage One Submittal:
1. Submittal Form
  2. Preliminary Drawings
  3. Functional program
  4. Existing plan with all spaces labeled
  5. Life safety plan
  6. Location plan that shows the project location and relationship to other departments or tenants
  7. Site plan if the building perimeter is altered or penetrated

- Stage Two Submittal:
1. Submittal Form
  2. Two sets of construction documents including specifications
  3. Functional program
  4. Construction schedule\*
  5. Contractor name\*
  7. Contractor contact\*
- \*If available. This information must be submitted before construction is started.