

# Construction Plan Submittal Form

## HEALTHCARE FACILITIES (NOT INCLUDING ASSISTED LIVING)

Architectural and engineering plans for a new campus building, renovation, addition, or physical changes altering the use of occupancy of a licensed health care facility must be submitted to MDH Engineering for review and approval.

Individual construction projects at the same healthcare facility require a complete and separate Construction Plan Submittal Package for each project.

An incomplete Construction Plan Submittal Package will result in a delay of the review and approval process.

### Project Information

Date of Submission: \_\_\_\_\_ HFID #: \_\_\_\_\_

Project Name (as it appears on the submittal plans): \_\_\_\_\_

Project Narrative (describe the project and work being done):

Project Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Facility Name (as it appears on facility license): \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Contact: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

### Submitter Information

The submitter is the person submitting this project for review. MDH will direct questions about the project to this person.

Submitter: \_\_\_\_\_ Phone: \_\_\_\_\_

Submitter's Email: \_\_\_\_\_

Submitter's Firm Name: \_\_\_\_\_

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

## MDH Information

Name of MDH Staff that completed a Preliminary Review (if applicable): \_\_\_\_\_

## Building and Plan Code Information

1. Floors Involved in Project: \_\_\_\_\_

2. Project Size in Square Feet: \_\_\_\_\_

3. Project Type:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Repair         | <input type="checkbox"/> Change of Capacity |
| <input type="checkbox"/> Renovation       | <input type="checkbox"/> Reconstruction |   |
| <input type="checkbox"/> Modification     | <input type="checkbox"/> Change of Use  |   |

4. Indicate Type of Construction per [National Fire Protection Association: Types of Construction and Material Combustibility \(https://www.nfpa.org/News-and-Research/Publications-and-media/Blogs-Landing-Page/NFPA-Today/Blog-Posts/2021/02/19/Construction-Types-and-Material-Combustibility\)](https://www.nfpa.org/News-and-Research/Publications-and-media/Blogs-Landing-Page/NFPA-Today/Blog-Posts/2021/02/19/Construction-Types-and-Material-Combustibility):

- |                                   |                                    |                                    |                                  |
|-----------------------------------|------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> I (443)  | <input type="checkbox"/> II (111)  | <input type="checkbox"/> III (200) | <input type="checkbox"/> V (000) |
| <input type="checkbox"/> I (332)  | <input type="checkbox"/> II (000)  | <input type="checkbox"/> IV (2HH)  |                                  |
| <input type="checkbox"/> II (222) | <input type="checkbox"/> III (211) | <input type="checkbox"/> V (111)   |                                  |

5. State License Type:

- Freestanding Outpatient Surgical Center (FOSC)
- Hospital (HSP)
- Offsite Unit of Hospital
- Nursing Home (NH)
- Residential Hospice
- Supervised Living Facility, Class: Ambulatory (SLF A)
- Supervised Living Facility, Class: Non-Ambulatory (SLF B)
- Supervised Living Facility, Class: Ambulatory & Non-Ambulatory (SLF A & B)
- Prescribed Pediatric Extended Care Center (PPEC)

6. Federal Certification Type:

- |   |  |
|---|--|
| <input type="checkbox"/> Ambulatory Surgical Center (ASC) | <input type="checkbox"/> Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) |
| <input type="checkbox"/> Critical Access Hospital (CAH)   | <input type="checkbox"/> Psychiatric Residential Treatment Facility (PRTF)                                     |
| <input type="checkbox"/> End Stage Renal Disease (ESRD)   | <input type="checkbox"/> Skilled Nursing Facility/Nursing Facility (Nursing Home) (SNFNF)                      |
| <input type="checkbox"/> Hospital (HSP)                   |  |
| <input type="checkbox"/> Certified Hospice                |  |

## Estimated Project Cost

Estimated project cost includes all materials, labor, and soft costs such as finance charges, permits, design, etc. in accordance with [Minn. Stat. 144A.071 \(www.revisor.mn.gov/statutes/cite/144A.071\)](http://www.revisor.mn.gov/statutes/cite/144A.071).

Estimated Project Cost: \_\_\_\_\_

Estimated Project Cost (range in dollars)	Fee
\$0 - \$10,000	\$30
\$10,001 - \$50,000	\$150
\$50,001 - \$100,000	\$300
\$100,001 - \$150,000	\$450
\$150,001 - \$200,000	\$600
\$200,001 - \$250,000	\$750
\$250,001 - \$300,000	\$900
\$300,001 - \$350,000	\$1050
\$350,001 - \$400,000	\$1200
\$400,001 - \$450,000	\$1350
\$450,001 - \$500,000	\$1500
\$500,001 - \$550,000	\$1650
\$550,001 - \$600,000	\$1800
\$600,001 - \$650,000	\$1950
\$650,001 - \$700,000	\$2100
\$700,001 - \$750,000	\$2250

Estimated Project Cost (range in dollars)	Fee
\$750,001 - \$800,000	\$2400
\$800,001 - \$850,000	\$2550
\$850,001 - \$900,000	\$2700
\$900,001 - \$950,000	\$2850
\$950,001 - \$1,000,000	\$3000
\$1,000,001 - \$1,050,000	\$3150
\$1,050,001 - \$1,100,000	\$3300
\$1,100,001 - \$1,150,000	\$3450
\$1,150,001 - \$1,200,000	\$3600
\$1,200,001 - \$1,250,000	\$3750
\$1,250,001 - \$1,300,000	\$3900
\$1,300,001 - \$1,350,000	\$4050
\$1,350,001 - \$1,400,000	\$4200
\$1,400,001 - \$1,450,000	\$4350
\$1,450,001 - \$1,500,000	\$4500
\$1,500,001 or more	\$4800

## Submit the Construction Plan Submittal Package to MDH

The Construction Plan Submittal Package must include:

1. Send via email to [healthcareengineers@state.mn.us](mailto:healthcareengineers@state.mn.us):
  - Construction Plan Submittal Form (this form)
  - One writable PDF copy of the final construction plans, certified in accordance with [Minnesota Rule 1800.4200 \(https://www.revisor.mn.gov/rules/?id=1800.4200\)](https://www.revisor.mn.gov/rules/?id=1800.4200). Digital specifications are not needed.
2. Send via mail to the address listed below:
  - Check payable to “Commissioner of Finance, Treasury Division”
  - Copy of the Construction Plan Submittal Form (this form)

## Questions

- Email: [health.healthcareengineers@state.mn.us](mailto:health.healthcareengineers@state.mn.us)
- Phone: 651-201-4200

Minnesota Department of Health  
Health Regulation Division  
Engineering Services Section  
PO Box 64900  
St. Paul, MN 55164-0900  
651-201-4200  
[health.healthcareengineers@state.mn.us](mailto:health.healthcareengineers@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

08/27/2024

*To obtain this information in a different format, call: 651-201-4200.*