

# STATE OF LOUISIANA

DEPARTMENT OF HEALTH & HOSPITALS  
DIVISION OF ENGINEERING & ARCHITECTURAL SERVICES

628 N. 4th Street, Suite 478  
Baton Rouge, Louisiana 70802  
Phone: 225-342-8961 FAX: 225-342-8977



Frederick P. Cerise, M.D., M.P.H.  
SECRETARY

## PLAN REVIEW APPLICATION

Please print legibly

PROJECT NAME: This is a Test  
(As shown on plans submitted for review)

BUSINESS/LICENSE NAME: Test Business  
Street Address: Testing Str  
City: Test City State: \_\_\_\_\_ Zip: \_\_\_\_\_ Parish: \_\_\_\_\_

APPLICANT/CONTACT NAME: David Dammon  
Mailing Address: 1095 Florida Ave.  
City: Slidell State: LA Zip: 70458  
Telephone No. 985-649-5832 Fax No. 985-641-5950 e-mail: dammoneng@bellsouth.net

Submittals without an Architect or Engineer of Record will require complete address & telephone number of Applicant. This is the person we will contact if additional information is required.

ARCHITECT/ENGINEER OF RECORD: Ed Gremillion  
Firm Name: Dammon Engineering  
Mailing Address: 1095 Florida Ave.  
City: Slidell State: LA Zip: 70458  
Telephone No. 985-649-5832 Fax No. 985-641-5950 e-mail: dammoneng@bellsouth.net  
LA Registration No. \_\_\_\_\_  Architect  Civil Engineer

A Professional of Record is not required for all projects. See State Guidelines for requirements. If a Professional of Record is not used, a drafted, labeled and dimensioned plan is still required for a review.

FACILITY CLASSIFICATION: Please check one

<input checked="" type="checkbox"/> General Hospital	<input type="checkbox"/> Rehabilitation Hospital	<input type="checkbox"/> Psychiatric Hospital
<input type="checkbox"/> Ambulatory Surgical Center	<input type="checkbox"/> ESRD (Dialysis Center)	<input type="checkbox"/> Hospice
<input type="checkbox"/> Rural Health Clinic	<input type="checkbox"/> Abortion Clinics	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Intermediate Care Facility for the Mentally Retarded (ICFMR)		<input type="checkbox"/> Adult Day Health Care
<input type="checkbox"/> Abuse/Addiction Treatment Facility: (Sub-Category): _____		

The review of plans submitted will be based upon the AIA Guidelines For Design And Construction Of Hospitals And Health Care Facilities, current edition; the applicable LA Dept. Of Health & Hospitals Minimum Standards for Licensing for the appropriate Health Care Classification as listed above; and the LA State Plumbing Code, current edition.

PROJECT DESCRIPTION: LTAC  
(Briefly explain scope of work)

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\_\_\_\_\_

APPLICATION FEE: There is a Plan Review Fee that must be submitted with Plans. The fee is \$5.00 per sheet of the plans plus a \$10.00 handling fee. The minimum total fee is \$35.00 and the maximum total fee is \$310.00. Company checks, or cashier's checks, only will be accepted. Make checks payable to "DHH". Cash and Money Orders will not be accepted. A complete set of plans for projects is not required, however, sufficient dimensioned plans, elevations, schedules, etc. should be submitted to illustrate compliance with all applicable Guidelines and Codes. Plans will not be returned.

Number of Plan Sheets Submitted: 0

Total Fee Attached: \$0.00