

STATE OF LOUISIANA

DEPARTMENT OF HEALTH & HOSPITALS
DIVISION OF ENGINEERING & ARCHITECTURAL SERVICES

4615 Government Street
Building Two, 2nd Floor
Baton Rouge, Louisiana 70806
Phone: 225-922-1507 FAX: 225-922-1514



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

PLAN REVIEW APPLICATION

PROJECT NAME: _____
(As shown on plans submitted for review)

BUSINESS/LICENSE NAME: _____
Street Address: _____

City: _____ State: _____ Zip: _____
Parish: _____

APPLICANT/CONTACT NAME: _____
Mailing Address: _____

City: _____ State: _____ Zip: _____
Telephone No. _____ Fax No. _____ e-mail: _____

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: _____
Firm Name: _____

Mailing Address: _____
City: _____ State: _____ Zip: _____

Telephone No. _____ Fax No. _____ e-mail: _____
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: General Hospital Rehabilitation Hospital Psychiatric Hospital
Please check one. Ambulatory Surgical Center ESRD (Dialysis Center) Hospice
 Abuse/Addiction Treatment Facility: (Sub-Category:) _____
 Rural Health Clinics Abortion Clinics Nursing Homes
 Intermediate Care Facility for the Mentally Retarded (ICFMR) Adult Day Health Care

The review of plans submitted will be based upon the "AIA Guidelines For Design And Construction Of Hospital 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", 2000 edition.

PROJECT DESCRIPTION: _____
(Briefly explain scope of work)

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, cashier's checks, and personal checks 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 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: _____

Total Fee Attached: _____