

# Construction Plan Submittal Form

## HEALTH CARE 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.

### 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
\$1,00,001 - \$1,050,000	\$3150
\$1,050,001 - \$1,100,000	\$3300
\$1,10,001 - \$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 - over	\$4800

## Submit the Following Documents to MDH

Construction Plan Submittal Package must include:

- Construction Plan Submittal Form (this form)
- A certified (signed by a licensed architect) writable PDF copy of the final construction plans. Digital media, file transfer, or link to download (preferred).
- Check payable to “Commissioner of Finance, Treasury Division”

## Return Construction Plan Submittal Package to:

Via Mail:

MDH Engineering Services Section  
Attn: Plan Review  
PO Box 64900  
St. Paul, MN 55164-0900

Via Courier:

MDH Engineering Services Section  
Attn: Plan Review  
85 E 7<sup>th</sup> Place, Suite 220  
St. Paul, MN 55101-2143

## 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)

09/15/2023

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