



PLAN REVIEW APPLICATION FORM
Department of Public Health
Division of Health Care Facility Licensure and Certification
67 Forest Street, Marlborough, MA 01752

Note: Each plan submission must be made electronically per instructions on Page 3. Only the check for plan review fee with copy of this completed page must be mailed to the DPH Marlborough office at the above address.

▶ LICENSURE INFORMATION:

EXISTING LICENSED FACILITY	PROPOSED NEW or RELOCATED FACILITY
LICENSED NAME (parent facility if project affects satellite or hospital campus)	PROPOSED LICENSED NAME
STREET & SUITE #	STREET & SUITE #
CITY/TOWN & ZIP CODE	CITY/TOWN & ZIP CODE
Existing Licensed Satellite or Hospital Campus*	Proposed New or Relocated Satellite*
EXISTING LICENSED SATELLITE NAME OR HOSPITAL CAMPUS NAME	PROPOSED LICENSED SATELLITE NAME
STREET & SUITE #	STREET & SUITE #
CITY/TOWN & ZIP CODE	CITY/TOWN & ZIP CODE

Brief Project Description:

Building/Floor Location:

Determination of Need Number*:

*If applicable (for DoN information please refer to www.mass.gov/determination-of-need-don)

▶ TYPE OF PLAN REVIEW REQUESTED:

(see Plan Review Types summary on Page 3)

- Self-Certification
- Abbreviated
- Full Review

▶ CONSTRUCTION COST:

(FORM 4, Item 7)

\$ _____

▶ CAPITAL COST:

(FORM 4, Item 21)

\$ _____

▶ CHECK FOR PLAN REVIEW FEE:

\$ _____

- Plan Review Fee Formula is available on Page 3.
- Check must be payable to the "Commonwealth of Massachusetts".

▶ PROJECT CONTACTS:

	Licensee/Applicant's Contact Person	Architect's Contact Person
NAME:		
TITLE:		
COMPANY:		
ADDRESS:		
CITY/TOWN & ZIP CODE:		
TELEPHONE:		
EMAIL:		

▶ PROJECT TYPE:

- New Licensed Facility
- Building Addition to Existing Licensed Facility
- Renovations to Existing Licensed Facility
- Change of Location of Parent Clinic
- Add Satellite to Hospital
- Add Satellite to Clinic
- Change of Location of Satellite
- Satellite Expansion
- Other _____

▶ TYPE OF FACILITY & SERVICES INVOLVED IN THE PROPOSED PROJECT:

- Acute Care Hospital**
 - Medical/Surgical Unit
 - Critical Care Unit
 - Coronary Care Unit
 - Pediatric Intensive Care Unit
 - Rehabilitation Unit
 - Physical Therapy
 - Occupational Therapy
 - Psychiatric Unit: Locked Unlocked
 - Pediatric Unit
 - Substance Abuse
 - Postpartum Unit
 - Labor/Delivery: LDR LDRP
 - Neonatal Intensive Care Unit(s)
 - Nursery: Well Baby Special Care
 - Nuclear Medicine
 - Outpatient Department
 - Surgery
 - Ambulatory Surgery
 - Recovery
 - Emergency
 - Radiology
 - Mammography
 - Laboratory: Hospital Based Independent
 - Dialysis: Chronic Acute
 - MRI: Mobile Fixed
 - Cardiac Catheterization
 - Radiation Therapy
 - Pharmacy
 - Endoscopy
 - Dietary
 - Administration
 - Central Services
 - Other _____
- Clinic**
(check clinic services below)
- or**
- Hospital Outpatient Satellite**
(check satellite services below)
 - Medical
 - Dental
 - Radiology
 - Mental Health
 - Substance Abuse
 - Ambulatory Surgical
 - Rehabilitation
 - Laboratory
 - MRI: Mobile Fixed
 - Radiation Therapy
 - Mammography
 - Endoscopy
 - Other _____
- Out-of-Hospital Dialysis Center**
- Limited Services (Retail) Clinic**
- Rehabilitation Hospital**
- Chronic Care Hospital**
- Long Term Care Facility**
 - Free Standing
 - Hospital Based
 - With Continuing Care Retirement Community
 - Outpatient Restorative Services
- Hospice Inpatient Facility**
- Other Facility Type** _____

▶ PROJECT TIMELINES:

Submission Date: ___/___/___ Estimated Construction Dates: Start ___/___/___ Completion: ___/___/___

Note: Licensure Regulations require that DPH plan approval be obtained prior to construction.

(Hospital Licensure Regulations 105 CMR 130.107; Clinic Licensure Regulations 105 CMR 140.103(E); Licensing of Long Term Care Facilities 105 CMR 150.017(A)(2); Licensure of Hospice Programs 105 CMR 141.102(F))

▶ DOCUMENTS ATTACHED:

- Project Narrative*** (description of services & functional program, changes in bed complement or number of patient stations; scope of construction)
- Capital Cost Estimate Form*** (Form 4)
- Check for Plan Review Fee**
- Compliance Checklist(s)***
- Architect and Licensee's Affidavit***
- Waiver Request Forms*** (if applicable)
- Copy of **Determination of Need approval** (if DoN required for a Self-Certification project) or proof of **DoN Application filing** (if DoN required for Abbreviated Review project)*
- Square Footage Chart*** (Determination of Need Project)
- Preliminary Plans for Full Review process****
- Design Development Plans for Abbreviated Review process**** (see minimum content on Page 4)
- Construction Plans for Self-Certification Review process**** (see minimum content on Page 4 – DD level plans are acceptable for projects with a construction cost of less than \$50,000)
- All construction plans must be submitted in PDF format and bear the professional stamps of the architect or engineers.**

* The above listed plan submission documents except the plans must be submitted via email as PDF files with the facility name and project title in the subject line.

** The plans must be submitted as PDF files via email if the added sizes of the attachments do not exceed 25 MB. If an email or group of emails are not practical due to file size, plans must be submitted via electronic file transfer in which the plans will be available until the review is completed from a designated internet based file-sharing application and are clearly referenced by facility name and project title.

Please email first plan submission to following address: DPHPlanReview@mass.gov

▶ MAILING ADDRESS FOR CHECK: The check must be mailed to the following address with a copy of the first page of the Plan Review Application Form: "Plan Review, Department of Public Health, 67 Forest Street, Marlborough, MA 01752"

▶ PLAN REVIEW FEE FORMULA:**(1) New Licensed Facility or New Satellite Location:**

Fee = Construction cost (Form 4 - Item 7) divided by \$1,000 then multiplied by \$8.25 (with min. \$1,500 / max. \$45,000)

[\$ _____ ÷ \$1,000] X \$8.25 = \$0.00

Minimum fee is \$1,500

(2) Renovations, Expansion or Building Addition to Existing Licensed Facility:

(a) Construction cost (Form 4 - Item 7) < \$50,000:

No fee required

(b) Construction cost (Form 4 - Item 7) \$50,000 or greater:

Fee = Construction cost (Form 4 - Item 7) divided by \$1,000 then multiplied by \$8.25 (with max. \$45,000)

[\$ _____ ÷ \$1,000] X \$8.25 = \$0.00

Note: The minimum fee of \$1,500 does not apply to renovations to existing licensed facilities.

▶ PLAN REVIEW TYPES: (see www.mass.gov/dph/planreview for additional information)

- Self-Certification Review Process
(Construction cost is less than \$2 Million for hospital & clinics; applicable to all non patient areas in hospitals; applicable to selected projects for long-term care facilities). The Self-Certification review is intended to be a one-time plan submission.
- Abbreviated Review Process
(Construction cost is equal to or greater than \$2 Million for hospital & clinics; applicable to all projects for long-term care facilities)
The Abbreviated Review process is intended to be a two-part review. The licensee submits a Part I submission which includes detailed design development plans (see Page 4). The Department reviews the design development plans and sends review comments to the architect/ licensee. The licensee/architect is expected to review and incorporate the Department's Part I plan review comments into the Construction Plans which are included in Part II submission.
Both Self-Certification & Abbreviated Review Part II rely upon a Licensee's and Architect's Affidavit that attests to all of the following items:
- Compliance with construction standards, and
 - Licensee's understanding and agreement that the Department maintains continuing authority to review the plans, inspect the work, withdraw its self-certification approval, and
 - Licensee's understanding of the continuing obligation to make any changes required by the Department to comply with the applicable codes and regulations whether or not physical plant construction alterations are complete.
- The Department does not conduct a detailed review of the construction plans.
- Full Review Process
The full review process is a minimum two-part review process in which the licensee submits a set of preliminary plans for first plan submission for the plan submissions that do not qualify either for Self-Certification or Abbreviated Review. The Department performs a detailed review of the preliminary plans and sends review comments to the architect/licensee. The licensee/architect is expected to review and incorporate the Department's preliminary plan review comments into the plans and submit a set of construction plans. The Department conducts a detailed review of the construction plans before plan approval is issued.

DESIGN DEVELOPMENT PLANS (Minimum Content)	NC	R	EU	MR
1. Site Plan (min. scale [1"=40'-0"]) <ul style="list-style-type: none"> ■ Topographical Survey: <ul style="list-style-type: none"> ◆ Perimeter of property ◆ Contour lines ◆ Locations of existing buildings ■ Locations of utilities ■ Outline of existing buildings & new structures ■ Existing & proposed walkways, driveways, parking areas & adjacent streets, showing handicapped access to facility ■ Proposed planting & landscaping 	●			
2. DD Architectural Plans <ul style="list-style-type: none"> ■ General information, including abbreviations, symbols & list of plans ■ Renovations phasing plans ■ Existing floor plan for entire floor where project is located (in existing licensed facility), showing current functions of all rooms. ■ Demolition plan ■ General floor plan min. scale [1/8"=1'-0"] with all room/space functions & reference numbers ■ Life safety plan with means of egress & compartmentation for compliance with State Building Code & NFPA 101* (2012) ■ Typical Plans: <ul style="list-style-type: none"> ◆ Wall types ◆ Door schedule (including special hardware requirements & fire ratings) ◆ Finish legend & schedule ■ Large scale architectural layout plans at min. scale [1/4"=1'-0"], showing all dimensions, furniture & equipment, required clearances. ■ Interior elevations & equipment schedule ■ Reflected ceiling plans (show ceiling heights) ■ Exterior elevations ■ Section details of typical wall/floor & wall/roof assembly (fire resistance ratings & U.L. reference numbers for hospitals & nursing homes) 	●	●	●	●
3. DD Mechanical (HVAC) Plans <ul style="list-style-type: none"> ■ HVAC legend ■ Locations & labels of supply diffusers, return registers/ grilles & exhaust registers/grilles with airflows in CFM 	●	●	●	●
4. DD Electrical Plans <ul style="list-style-type: none"> ■ Electrical legend ■ Electrical floor plans (lighting fixtures, receptacles & nurse call fixtures) 	●	●	●	●
5. DD Plumbing Plans <ul style="list-style-type: none"> ■ Plumbing legend ■ Plumbing fixtures layout with fixture labels ■ Plumbing fixture schedule ■ Medical gases outlets layout w/ outlet labels (WR) ■ Medical gas outlet schedule (WR) 	●	●	●	●

CONSTRUCTION PLANS (Minimum Content)	NC	R	EU	+R
1. Site Plan (min. scale [1"=40'-0"]) <ul style="list-style-type: none"> ■ Topographical Survey: <ul style="list-style-type: none"> ◆ Perimeter of property ◆ Contour lines ◆ Locations of existing buildings ◆ Locations of utilities ■ Outline of existing buildings & new structures ■ Existing & proposed walkways, driveways, parking areas & adjacent streets, showing handicapped access to facility ■ Proposed planting & landscaping 	●			
2. Architectural Plans <ul style="list-style-type: none"> ■ General information, including abbreviations, symbols & list of plans ■ Renovations phasing plans ■ Existing floor plan for entire floor where project is located (in existing licensed facility), showing current functions of all rooms. ■ Demolition plan ■ General floor plan at min. scale [1/8"=1'-0"] w/ all room/space functions & room/space numbers ■ Life safety plan with means of egress & compartmentation for compliance with State Building Code & NFPA 101* (2012) ■ Typical plans <ul style="list-style-type: none"> ◆ Wall types ◆ Door schedule & door hardware schedule ◆ Door & window details ◆ Finish legend & schedule ■ Large scale architectural layout plans at min. scale [1/4"=1'-0"], showing all dimensions, clearances, furniture & equipment. ■ Interior elevations & equipment schedule ■ Reflected ceiling plans (show ceiling heights) ■ Casework & architectural details ■ Exterior elevations ■ Section details of typical wall/floor & wall/roof assembly (fire resistance ratings & U.L. reference numbers for hospitals & nursing homes) 	●	●	●	●
3. Mechanical (HVAC) Plans <ul style="list-style-type: none"> ■ HVAC legend ■ Ductwork layout plan ■ HVAC piping ■ HVAC details & schedules 	●	●	●	●
4. Electrical Plans <ul style="list-style-type: none"> ■ Electrical legend ■ Electrical site plan ■ Electrical floor plans (lighting & power) ■ Electrical riser diagram ■ Electrical details & schedules 	●	●	●	●
5. Plumbing Plans <ul style="list-style-type: none"> ■ Plumbing legend ■ Plumbing floor plans (supply & drainage) ■ Plumbing details & schedules ■ Medical gases floor plan (WR) ■ Medical gases outlet schedule (WR) 	●	●	●	●
6. Fire protection Plans <ul style="list-style-type: none"> ■ Fire protection legend ■ Fire protection plan 	●	●	●	●

NC = New construction projects
R = Renovation projects
EU+R = Architectural plans showing existing unlicensed facility prior to licensure with renovation cost of \$50,000 or greater
EU = Architectural plans showing existing unlicensed facility prior to licensure with minor alterations of less than \$50,000
MR = Architectural plans showing minor alterations of less than \$50,000 in existing licensed facility
(WR) = Where required

*Compliance with NFPA 101 (2012) required for hospitals, hospital satellites & nursing homes.