

REGULATORY LICENSING UNIT, ARCHITECTURAL REVIEW GROUP
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
 Tel: 512-834-6649 Fax: 512-834-6620
APPLICATION FOR INSPECTION

Application #: _____
 Budget: ZZ122
 Fund: 152
 Remittance #: _____

1. Please check the type of facility			
√	Facility Type	Inspection Fees	Fees paid to the department are not refundable. Fees are payable by check or money order to: Texas Department of State Health Services Mail applications with checks to: ZZ122 – 152 Texas Dept of State Health Services Architectural Review Group Mail Code 2835 P. O. Box 149347-MC-2003 Austin, Texas 78714-9347 Mail applications without checks to: Texas Dept of State Health Services Architectural Review Group Mail Code 2835 1100 West 49 th Street Austin, Texas 78756-3199 (or fax to 512/834-6620)
	General Hospital (Fund 152)	\$500.00 for each inspection	
	Special Hospital (Fund 152)	\$500.00 for each inspection	
	Psychiatric Hospital or Crisis Stabilization Unit (Fund 150)	\$500.00 for each inspection	
	Special Care Facility (Fund 141)	\$500.00 for each inspection	
	Ambulatory Surgery Center	No inspection fee. However, inspection cannot be scheduled if facility has not submitted application & fee for initial ASC license.	
	End Stage Renal Disease Center	No inspection fee. However, inspection cannot be scheduled if facility has not submitted application & fee for initial ESRD license.	

2. Facility Name:	License No.:
Address:	
E-mail Address:	Phone No.: Fax No.:

3. Architectural Firm:
Address:
E-mail Address: Phone No.: Fax No.:

4. Project Description:

5. Person to contact to schedule inspection:
Firm: Phone No.: Fax No.:

6. Please check type of inspection and indicate date requested for inspection. (Request must be received at least 3 weeks prior to requested inspection date.) To expedite posting of inspections, you may fax a copy of this form and a copy of your check (if applicable) to the Architectural Review Group. Fax No. (512) 834-6620								
<table border="1"> <tr> <th>Type of Inspection Requested. Check below</th> <th>Inspection Date Requested:</th> </tr> <tr> <td>() Intermediate () Preconstruction</td> <td> </td> </tr> <tr> <td>() Final () Re-inspection</td> <td> </td> </tr> <tr> <td>() Space & Design (for ESRD only)</td> <td> </td> </tr> </table>	Type of Inspection Requested. Check below	Inspection Date Requested:	() Intermediate () Preconstruction		() Final () Re-inspection		() Space & Design (for ESRD only)	
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() Intermediate () Preconstruction								
() Final () Re-inspection								
() Space & Design (for ESRD only)								

7. Phase of project to be inspected (if phased): Phase _____ of _____
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8. Construction Starting Date:	Estimated Completion Date:
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Signature: _____	Title: _____ Date _____
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