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

APPLICATION FOR PLAN REVIEW

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

1. Please indicate the type of facility, the estimated cost of the project, and the amount of plan review fee enclosed.

√	FACILITY TYPE	PLAN REVIEW FEE REQUIREMENTS	COST OF PROJECT	PLAN REVIEW FEE
	General Hospital (Fund 152)	Plan review fee is based on cost of project. To determine project cost and plan review fee see items 1-7 on page 2 of application.	$	$
	Special Hospital (Fund 152)		$	$
	Psychiatric Hospital and Crisis Stabilization Unit (Fund 150)		$	$
	Special Care Facility (Fund 141)		$	$
	Ambulatory Surgery Center	No plan review fee required with this application. However, for new facilities, a plan review will not be conducted until the owner has submitted a license application and license fee	$	
	End Stage Renal Disease Center		$	

2. Facility Name: | Lic. No.

Address:

Phone No.: | Fax No.:

Name, Title & Address of Owner/Administrator:

Phone No.: | Fax No.:

3. Architectural Firm:

Address:

Phone No.: | Fax No.:

4. Name, Title & Firm of Project Contact Person:

Phone No.: | Fax No.:

5. Name of Project:

6. Project Description (List new, expanded or renovated services, beds, etc., indicating size of area and number of phases in project):

Number of Phases: | Remodeled sq. ft. | Added sq. ft. | Deleted sq. ft.

7. Estimated Start Date: | Estimated Completion Date:

8. **Hospitals Only: Bed changes involved in project?** ☐ **Yes** ☐ **No**
If Yes, please indicate changes in the designed bed capacity below.

Type of Beds	Beds Before Construction	No. Beds + or – Added/Deleted	Beds After Construction
Medical/Surgical (Includes OB/Gyn) (Includes Pedi beds if less than 15)			
Pediatric (Only if 15 or more)			
Adolescent			
Universal Care			
Intermediate Care			
CCU/CCCU/PCCU			
Neonatal CCU			
Continuing Care Nursery			
LDRP			
Post Partum			
Ante Partum			
Comprehensive Medical Rehabilitation			
Skilled Nursing			
Psychiatric			
Chemical dependency			
Total Designed Bed Capacity Before Construction:			
Total Number of Designed Beds Added or Deleted:			
Total Designed Bed Capacity After Construction:			

When plan review fee is required, please submit a separate check or money order for the exact amount of the plan review fee with each application. **Fees paid to the department are not refundable**. Fees are payable to: **Texas Department of State Health Services**

Mail Plans (with copy of Application for Plan Review & copy of check) to: (See page 2 for express mail address)
Texas Department of State Health Services
Architectural Review Group, Delivery Code 2835
1100 West 49th Street
Austin, Texas 78756-3100

Mail Application for Plan Review and check to:
ZZ015 – 152
Texas Department of State Health Services
Architectural Review Group, Delivery Code 2835
P. O. Box 149347 MC-2003
Austin, Texas 78714-9347

Signature: | Title:

Print Name: | Date:

Preliminary plans and/or construction documents for general or special hospitals, psychiatric hospitals, crisis stabilization units and special care facilities will not be reviewed or approved until the required fee and an Application for Plan Review are received by the department. Only one set of the plans is required for each submittal.

Plan review fees for general, special and psychiatric hospitals and special care facilities are based upon the estimated construction project costs which are the total expenditures required for a proposed project from initiation to completion, including at least the following:

(1) expenditures for physical assets such as:
- (A) site acquisition,
- (B) soil tests and site preparation,
- (C) construction and improvements required as a result of the project,
- (D) building, structure, or office space acquisition,
- (E) renovation,
- (F) fixed equipment,
- (G) energy provisions and alternatives;

(2) expenditures for professional services including:
- (A) planning consultants,
- (B) architectural fees,
- (C) fees for cost estimation,
- (D) legal fees,
- (E) managerial fees,
- (F) feasibility study;

(3) expenditures or costs associated with financing, excluding long-term interest, but including:
- (A) financial advisor,
- (B) fund-raising expenses,
- (C) lender`s or investment banker`s fee,
- (D) interest on interim financing; and

(4) expenditure allowances for contingencies including:
- (A) inflation,
- (B) inaccurate estimates,
- (C) unforeseen fluctuations in the money market, or
- (D) other unforeseen expenditures;

(5) Regarding purchases, donations, gifts, transfers, and other comparable arrangements whereby the acquisition is to be made for no consideration or at less than the fair market value, the project cost shall be determined by the fair market value of the item to be acquired as a result of the purchase, donation, gift, transfer, or other comparable arrangement.

(6) The plan review fee schedule below is based on the cost of construction. If cost of project increases at completion, additional plan review fee may be required.

HOSPITALS (General, Special, Psychiatric and Crisis Stabilization Units)		**SPECIAL CARE FACILITIES**	
Estimated construction costs	**Plan review fee**	**Estimated construction costs**	**Plan review fee**
$100,000 or less	$ 300	$150,000 or less	$ 200
$100,001 - $ 600,000	$ 850	$150,001 - $600.00	$ 500
$600,001 - $2,000,000	$ 2,000	$600,001 - $2,000,000	$ 850
$2,000,001 - $5,000,000	$ 3,000	$2,000,001 - $5,000,000	$ 1,500
$5,000,001 - $10,000,000	$ 4,000	$5,000,001 - $10,000,000	$ 2,000
$10,000,001 and over	$ 5,000	$10,000,001 and over	$ 3,000

(7) If an estimated construction cost cannot be established, the estimated cost shall be based on $125.00 per square foot for general and special hospitals, and $105.00 per square foot for psychiatric hospitals and special care facilities. No construction project shall be increased in size, scope or cost unless the appropriate fees are submitted with the proposed changes.

Express Mail - Plans (with copy of Application for Plan Review and copy of check) may be sent by **express mail** to: Texas Department of State Health Services, Architectural Review Group, Delivery Code 2835, 8407 Wall Street, Room S-241, Austin, TX 78754.