State of Illinois
Illinois Department of Public Health

Project Submission Form for Ambulatory Surgical Treatment Center

Project identifying information

For IDPH Use only

All sections of this form must be completed. Altered forms will not be accepted

IDPH number_____

Facility name _____

Street address _____

City _____ IL ZIP code _____

Project name (as it appears on the drawings) _____

Licensure category ☐ Multi-specialty
☐ Single specialty ☐ GI ☐ Laser ☐ Pregnancy termination center

Type of project ☐ New/replace facility ☐ Renovation/update to existing facility ☐ Addition to existing facility

Is this a phased project? ☐ Yes ☐ No
If yes, attach an occupancy schedule describing the rooms to be occupied in each phase with a small scale graphic plan.

Submission type

Provide one set of signed/sealed drawings and outline specifications for review in accordance with Section 250.2430 of the Illinois Hospital Licensing Requirements. This includes design development drawings and outline specifications and working/construction drawings and specifications. Drawing size may not exceed 30" X 42".

☐ Design development drawings - 30-day review time after deemed complete
☐ Working/construction drawings - 60-day review time after deemed complete
☐ Revised drawings - 45-day review time after deemed acceptable
☐ Additional/addendum drawings - 45-day review time after deemed acceptable

Certificate of need

Provide a copy of a valid certificate of need (CON) or written documentation from the Health Facilities Services and Review Board that the project does not require a CON. A review by the Department **WILL NOT** begin until a CON or appropriate documentation is received.

CON project number _____ Date approved _____

Mail completed submission to: **Design and Construction Section, Illinois Department of Public Health**
525 W. Jefferson St., Fourth Floor, Springfield, IL 62761

For questions, call: **217-785-4264, 217-785-4247 or TTY 800-547-0466**

Important notice The state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 90-0327. Disclosure of this information is mandatory.

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Estimated project cost

1. Site preparation costs $ _____
2. Demolition costs $ _____
3. Construction contracts (including cost of materials) $ _____
4. Subtotal - lines 1 thru 4 $ _____
5. Fixed capital equipment* $ _____
6. Total - lines 4 and 5 $ _____

If line 5 is not 51 percent or more of line 6, then use line 6 for the plan review fee calculation below.

7. If line 5 is 51 percent or more than line 6, then multiply line 5 by .20 $ _____
8. Add lines 4 and 7: this is your adjusted estimated project cost $ _____

Place the total adjusted estimated project cost in the appropriate estimated project cost category listed below.

*Fixed capital equipment is any equipment that is not movable from room to room and includes but is not limited to diagnostic equipment (MRI,scanners, X-ray equipment, etc). Equipment which is part of the building such as AHU, boilers, chillers, lights, fire alarm panels and all related components are to be included in the construction costs.

Plan review fee calculation

The plan review fee is due and payable upon submission of this form along with the drawings and required information. Using the figures in line 5, calculate the plan review fee.

Estimated project cost				***Fee as listed below***
Less than $100,000				No fee
$100,000 - $499,999 Project cost	_____	x .012 =	_____	**or $2,400, whichever is greater**
$500,000 - $999,999 Project cost	_____	x .0096 =	_____	**or $6,000, whichever is greater**
$1,000,000 - $4,999,999 Project cost	_____	x .0022 =	_____	**or $9,600, whichever is greater**
Greater than $5,000,000 Project cost	_____	x .0011 =	_____	**or $11,000, whichever is greater; maximum fee of $40,000**

Plan review fee to be submitted $ _____

Remittance should be made payable to the **IDPH Plan Review Fund** in the form of a check or money order.

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Code analysis information on EXISTING FACILITY

NFPA 220 information

Construction type _____ year _____

Number of stories _____ GSF/floor _____ Height in feet _____

Sprinkler system ☐ Full ☐ Partial ☐ Dry ☐ Wet ☐ None

Fire pump capacity _____ Water main size _____

Emergency power Type _____

Generating set _____ UPS _____ Other _____ Fuel storage in gallons _____

Fire alarm ☐ Direct F.D. connection ☐ Remote station ☐ Proprietary protective ☐ Coded ☐ Supervisory

Code analysis information on NEW CONSTRUCTION

NFPA 220 information Construction type _____ year _____

Number of stories _____ GSF/floor _____ Height in feet _____

Structural component	Assembly rating	UL assembly number
Roof		
Floor		
Beams		
Columns		
Girders		
Interior walls		
Exterior walls		

Sprinkler system ☐ Full ☐ Partial ☐ Dry ☐ Wet ☐ None

Fire pump capacity _____ Water main size _____

Emergency power Type _____

Generating set _____ UPS _____ Other _____ Fuel storage in gallons _____

Fire alarm ☐ Direct F.D. connection ☐ Remote station ☐ Proprietary protective ☐ Coded ☐ Supervisory

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Functional program narrative

Provide a functional program narrative for the project that describes the purpose of the project, departmental relationships, space requirements and other basic information relating to fulfillment of the facility's objectives. The functional program narrative shall include a description of those services necessary for the complete operation of the facility. The functional program narrative must be available for use in the development of project design and construction documents.

Attach additional sheets if needed.

Systems program narrative

Provide a systems program narrative describing all special systems including, but not limited to, fire alarm, nurses call, special locking devices, security packages, electrical, plumbing, HVAC, medical gas and fire protection.

Attach additional sheets if needed.

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Contact Information

Name of facility representative _____ Title _____

Facility/Organization _____

Address _____

City _____ State _____ ZIP code _____

Phone number _____ Fax number _____

E-mail address _____

Architectural firm _____

Address _____

City _____ State _____ ZIP code _____

Phone number _____ Fax number _____

Project architect licensed in State of Illinois _____

E-mail address _____ Illinois license number _____

Sprinkler contractor _____ Illinois State Fire Marshall license number _____

Address _____

City _____ State _____ ZIP code _____

Phone number _____ Fax number _____

Contact name _____

E-mail address _____

HVAC designer _____

Contact name _____

Address _____

City _____ State _____ ZIP code _____

Phone number _____ Fax number _____

E-mail address _____

Electrical system designer _____

Contact name _____

Address _____

City _____ State _____ ZIP code _____

Phone number _____ Fax number _____

E-mail address _____