



# Notification of Construction Start Date - Long Term Care

*(This form is to be completed and submitted at the start of construction.)*

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, IL ZIP \_\_\_\_\_

IDPH No. \_\_\_\_\_ Project Description \_\_\_\_\_

In accordance with the Illinois Nursing Home Care Act, Section 3-202.5 a), Final approval of the plans and specifications for compliance with design and construction standards shall be obtained from the Department before alteration, addition, or new construction is begun."

Based on the above code citation, it has been determined that IDPH is required to record the date when construction has started. Please provide the information requested below as soon as possible.

Please fax this completed form to IDPH, Design and Construction Section at 217-782-0382 or mail to:

Illinois Department of Public Health  
Division of Life Safety and Construction  
Design and Construction Section  
525 W. Jefferson Street, Fourth Floor  
Springfield, IL 62761

Date Construction Started \_\_\_\_\_

\_\_\_\_\_  
Name of Architect or Authorized Representative

\_\_\_\_\_  
Signature of Architect or Authorized Representative

\_\_\_\_\_  
Date