

Michigan Department of Licensing and Regulatory Affairs
 Health Facilities Engineering Section (HFES)
 P.O. Box 30664, Lansing, MI 48933 - (517) 241-3408

APPLICATION FOR ENGINEERING PLAN REVIEW

An engineering plan review is required under the Public Health Code, Act 368 of 1978, specifically MCL 333.20145. Compliance with 2018 Facility Guidelines Institute (FGI) is required. For Hospitals, a construction project less than \$1,000,000 does not require plan review. For projects less than \$1,000,000, the department requests a provider submit an application and a narrative with no fee for informational purposes only. For Nursing Homes, a construction project less than \$25,000 does not require plan review and for FSOFs, a construction project less than \$50,000 do not require plan review. For projects that do not require plan review, applications with a narrative can be submitted for informational purposes only.

Health Facility Information				
Facility Name:		Address:		
City:	State: MI	County:	Zip Code:	
Proposed Project Information				
Project Description:				
Information Only Review: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Health Facility Type	Capacity			
Check appropriate facility type. <u>State licensed health facilities:</u> <input type="checkbox"/> Freestanding Surgical Outpatient Facility (FSOF) <input type="checkbox"/> Home for the Aged (HFA) <input type="checkbox"/> Hospice Residence <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <u>CMS certified supplier:</u> <input type="checkbox"/> Dialysis / ESRD Facility	Facility Type	New	Existing	Total
	FSOF Operating Rooms			
	HFA Beds			
	Hospice Beds			
	Hospital Beds			
	Nursing Home Beds			
	Dialysis Stations			
Certificate of Need				
CON approval required? <input type="checkbox"/> YES <input type="checkbox"/> NO (CON does not cover HFAs, hospice residences, or dialysis facilities)	If yes, CON #:		CON Approval Date:	
Plan Review Fee				
Estimated Capital Expenditure	Plan Review Fee \$ (Round to nearest dollar)			
Construction Costs \$	Calculate fee on total estimated capital expenditure. Fee may be adjusted at the completion of the project based on actual final cost. A) .5% of the first \$1,000,000 B) .85% of the amount over \$1,000,000 C) Maximum of \$60,000 plan review fee			
Professional Fees \$				
Fixed Equipment \$				
Total Capital Expenditure \$ (Exclude fixed imaging equipment costs and any non-fixed equipment costs, in fixed equipment line item)				

Project Contact Information			
Contact Person:	Company Name:		
Address:	City:	State:	Zip:
Telephone:	E-Mail Address:		
Fax:			
Architect/Engineer Contact Information			
Name:	Company Name:		
Address:	City:	State:	Zip:
Telephone:	E-Mail Address:		
Fax:			
Submittal Requirements			
Verify items below are in submittal:			
<input type="checkbox"/> Application for Plan Review <input type="checkbox"/> Check payable to State of Michigan		<input type="checkbox"/> Operational Narrative <input type="checkbox"/> Sealed Plans	
Incomplete submittals may delay plan review.			

Mail Application for Plan Review, check made payable to State of Michigan, one set of drawings, specifications, and operational narrative to the address listed at the top of this form or submit all required documents online at <https://aca3.accela.com/lara/>. This form is available at www.michigan.gov/hfes.

LARA Use Only		
Date Check Received:	Check #:	Check Amount:
BCHS Facility #:	HFES Staff Assigned:	

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US Postal Mailing Address	Overnight Carrier Address (UPS, FedEx, DHL Deliveries)
Department of Licensing and Regulatory Affairs Bureau of Community and Health Systems Health Facilities Engineering Section PO Box 30664 Lansing, MI 48933	Department of Licensing and Regulatory Affairs Mail Services ATTN: BCHS-HFES 2407 N Grand River Avenue Lansing, MI 48906