



SOUTH CAROLINA
DEPARTMENT OF
PUBLIC HEALTH

CONSTRUCTION PROJECT INFORMATION FORM HEALTH FACILITIES CONSTRUCTION SECTION (HFCS)

400 OTARRE PKWY, CAYCE, SC, 29033
OFFICE (803) 545-4215 FAX (803) 545-4212

This section is to be completed by the Department		DPH Project #:	Final Plan Review Date:
Is the facility or service currently licensed with the Department? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, what is the license number?	
If no, have you filed an Initial License Application with the Office of Licensing Services? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Facility/Service Type:		Client Project #:	
CONSTRUCTION SITE ADDRESS			
Licensed Facility/Service Name:			
Physical Address:			
City:	State: SC	Zip Code:	County:
BILLING ADDRESS			
Business Name:			
Attention:			
Address:			
City:	State:	Zip Code:	
ESTIMATED COST OF PROJECT			
Design \$:	Construction \$:	Equipment \$:	
Other Applicable Costs: \$	TOTAL ESTIMATED COST OF PROJECT: \$		
PROJECT INFORMATION			
Project Name: (100 characters or less):			
<i>If Applicable, Please Attach a Copy of Your Certificate of Need (CON)</i>		CON#:	CON Date:
Will the facility have a sprinkler system: No <input type="checkbox"/> Yes <input type="checkbox"/>	Type of Sprinkler:	Projected Number of Beds:	
Gross Square Footage of Project:	Gross Square Footage of Building:		
Construction Start Date:	Estimated Finish Date:	Part of Larger Project: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Project Description:			
FACILITY OWNER CONTACT INFORMATION			
Name:	Email Address:		
Address:	Phone #:	Fax #:	
City:	State:	Zip Code:	
DESIGN PROFESSIONAL CONTACT INFORMATION			
Name:	Professional License #:		
Address:	Phone #:	Fax #:	
City:	State:	Zip Code:	Email Address:
Person Completing Form:	Contact Number:	Date Completed:	

**INSTRUCTIONS FOR COMPLETING 0275-ENG-DPH
HEALTH FACILITIES CONSTRUCTION SECTION (HFCS)
CONSTRUCTION PROJECT INFORMATION FORM**

PURPOSE: This form is used to gather construction project information for facilities seeking to be licensed or by facilities that are currently licensed and seeking to expand or renovate. It will be used to generate invoices for Construction Plan Review Fees. When completed, the form is submitted to the SCDPH, Health Facilities Construction Section (HFCS), DHFCADMIN@DPH.SC.GOV.

EXPLANATION: Appointments for plan approvals will be scheduled once all of the following have been successfully submitted: (1) an Initial License Application to the Office of Licensing Services (OLS); (2) Construction Project Information Form to the Health Facilities Construction Section (HFCS); (3) Payment of the Construction Plan Review Fee (based on the total estimated cost of project that is reported on the Construction Project Information Form). All payments made to the Department are nonrefundable. Invoices will be sent to the owner and design professional.

INSTRUCTIONS:

1. Is the facility or service licensed with the Department? Check “Yes” if you have been issued a license by the Office of Licensing Services (OLS) and the project is an addition, modification, or a standalone building in support of the licensed facility/service. Next, enter your license number in the space provided.

Check “No” if the facility/service has never been licensed by OLS. If you check “No”, you must complete and submit an Initial License Application for a new facility or service with OLS prior to scheduling an appointment for a Plan Review. The Construction Project Information Form, Initial License Application and the Construction Plan Review fee may all be submitted simultaneously to the same address.

2. Facility/Service Type: From the drop down menu, select the type of facility or service that applies to this project (i.e. Hospital, Nursing Home, Community Retirement Care Facility and etc.)

3. Client Project #: Enter your project number if applicable for referencing our invoice.

4. Construction Site Address: Enter the physical address of the project. If the street number has not yet been established, please enter information that identifies the location.

5. County Location: Enter the appropriate county in which the project is located.

6. Billing Address Information: Enter the address where the owner prefers for the invoice to be sent. Both the owner and designed professional will receive copies of the invoices for payment via email. Both are encouraged to coordinate payment to avoid duplicate payments.

7. Total Estimated Cost of Project: Enter the estimated costs for the design, construction, equipment and all other applicable costs. Then enter the total estimated cost of the project which should equal the total of the estimated costs of the design, construction, equipment and all other applicable costs.

The cost of the Construction Plan Review Fee is based on the total estimated cost of the project. Total construction cost is defined as the total amount the owner pays for a finished project/building. Costs included but are not limited to: professional fees, consulting fees, management fees, furnishings/equipment, insurance, utilities, exterior and site work, labor, materials, overhead and profit, tap and impact fees, changes in scope of work, and all other costs accrued for a finished project/building. The following items shall not be considered in any fee calculation: local plan review fees, purchase of land, purchase of existing buildings, project financing fees, attorney fees, and bank fees.

CONSTRUCTION PLAN REVIEW FEES	
Total Construction Cost:	Fee:
Less than 10,000	\$750
Between \$10,001 – \$100,000	\$1,500
Between \$100,001 - \$500,000	\$2,000
Greater than \$500,000	\$2,500 plus \$100 for each additional one hundred thousand dollars

Upon completion of the construction project, the owner shall submit a certified final cost of the project within 90 days to HFCS. An adjusted invoice for payment (or reimbursement for the negative variance) will be generated by the Department.

8. Project Information: Please be advised that construction work shall not begin until approval of the final drawings or written permission has been received from HFCS. Any construction deviations from the approved documents shall be approved by HFCS.

- a. Project Name: In 100 characters or less, provide a name to identify the project.
- b. If applicable, attach a copy of the Certificate of Need (CON). Enter the CON number and date of the CON.
- c. Sprinkler System: Will or does the facility have a sprinkler system? Mark either "Yes" or "No". If yes, select the type of sprinkler system from the drop down menu.
- d. Project Beds: Enter the projected number of beds related to this project.
- e. Gross Square Footage of Project: Enter the total Gross Square Footage (GSF) of project.
- f. Gross Square Footage of Building: Enter the total Gross Square Footage (GSF) of the building.
- g. Construction Start Date: Enter the project start date for when construction will begin.
- h. Estimated Finish Date: Enter the projected completion date for when construction will end.
- i. Part of Larger Project: Select "Yes" if this project is part of a larger project. Check "No" if it is not.

9. Project Description: Provide details to describe the purpose of the construction project.

10. Facility Owner Contact Information: Enter the owner's name, email address, address, phone number, fax number. Communication from HFCS will primarily be via e-mail.

11. Design Professional contact Information: Enter the design professional's name, email address, address, phone number, fax number, and active Professional License Number. Communication from HFCS will primarily be via e-mail.

12. Name of Person Completing Form: Enter the name of the person completing the form, their contact number, and the date the form was completed.

OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years, then to State Records Center for 6 years, and then destroy.