

APPLICATION FOR CONSTRUCTION PERMIT FOR LONG-TERM CARE FACILITIES

State Form 49453 (R4 / 11-18)

INDIANA STATE DEPARTMENT OF HEALTH / HEALTH CARE ENGINEERING

- INSTRUCTIONS:**
1. Send check or money order along with application to:
Indiana State Department of Health
Attention: Cashier's Office
2 North Meridian Street, Suite 2-C
Indianapolis, IN 46207-7236
 2. Direct questions to (317) 233-8761

DO NOT SUBMIT PLANS AT THIS TIME.

FACILITY IDENTIFICATION NUMBER:

<p>1. OWNING ENTITY _____</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, ZIP _____</p> <p>Telephone Number _____</p> <p>E-Mail _____</p>	<p>5. Verify the following information: (CHECK WHERE APPLICABLE.)</p> <p>A. Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Existing <input type="checkbox"/> Private <input type="checkbox"/> New</p> <p>B. Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Existing <input type="checkbox"/> Private <input type="checkbox"/> New</p> <p>C. Pre-Project Beds: (Enter number of beds.) Comprehensive _____ Residential _____</p> <p>Post-Project Beds: (Enter number of beds.) Comprehensive _____ Residential _____</p> <p>D. Fees Required by 410 IAC 6-12-17. <input type="checkbox"/> (See other side.)</p>
<p>2. LICENSEE'S DESIGNATED AGENT (If different from section 1.)</p> <p>Name _____</p> <p>Title _____</p> <p>Address _____</p> <p>City, State, ZIP _____</p> <p>Telephone Number _____</p> <p>E-Mail _____</p>	<p>6. SIGNATURE OF PERSON COMPLETING FORM Application is hereby made for a Permit to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and to the best of my knowledge and belief such information is true, complete, and accurate.</p> <p>_____ Printed Name of Person Signing</p> <p>_____ Title</p> <p>_____ Signature of Owner or Designated Agent</p> <p>_____ Date Application Signed (month, day, year)</p>
<p>3. FACILITY (TYPE OF PROJECT) <input type="checkbox"/> New <input type="checkbox"/> Construction <input type="checkbox"/> Renovation <input type="checkbox"/> Addition</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, ZIP _____</p> <p>County _____</p>	
<p>4. ENGINEER / ARCHITECT</p> <p>Engineer / Architect Name _____</p> <p>Firm Name _____</p> <p>Firm Address _____</p> <p>City, State, ZIP _____</p> <p>Telephone Number _____</p> <p>Engineer/Architect E-Mail _____</p> <p>License Number: _____ <i>[Exactly As Shown On Pocket Card]</i></p> <p>Signature _____</p>	

**INSTRUCTIONS FOR COMPLETION OF CONSTRUCTION PERMIT FOR
LONG-TERM CARE FACILITIES**

1. Owing Entity
Name and address of person, company, firm, municipality, authority, etc., that will own the completed project.
2. Owner's Designated Agent
Name, title, address, and telephone number of person who is designated to act for owner and who is familiar with the project and can furnish additional information as required.
3. Name of Facility or Project
State its name, location, and nearest possible address.
4. Name of Engineer/Architect
Name, title, company, address and telephone number of engineer or architect registered in the State of Indiana who certified and sealed the construction plans and specifications. **License number and a signature (including date signed) must be provided. License number must be exactly as shown on pocket card.**
5. Check applicable items.
 - A. Specify the type of water supply serving the subject facility, and whether new or existing.

Plot plan or plans to scale showing property lines, structures, roads, and site utilities.
 - B. Specify the type of sewage disposal serving the subject facility, and whether new or existing.

Plans, drawn to scale, shall be prepared, by an individual qualified under applicable laws of the State of Indiana. (See Number 4 above, if applicable.)
 - C. Specify the number of licensed beds and indicate the level of licensure below.
 - (1) Comprehensive Care
 - (2) Residential Care
 - D. **Fees Required** by Rule 410 IAC 6-12-17.

Health Facility	\$150
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6. SIGNATURE
An application submitted by a corporation must be signed by a principal executive officer of at least vice president level or his duly authorized representative, if such a representative is responsible for the overall operation at the facility from which the construction described in the form will originate. In the case of a partnership or a sole proprietorship, the application must be signed by a general partner or the proprietor, respectively.