



# APPLICATION FOR CONSTRUCTION PERMIT FOR AN ACUTE CARE FACILITY

State Form 50097 (R5 / 11-18)

INDIANA STATE DEPARTMENT OF HEALTH – HEALTH CARE ENGINEERING

DO NOT SEND OR SUBMIT PLANS AT THIS TIME.

- INSTRUCTIONS:**
1. Complete all sections as described on the back and enclose with the plans.
  2. Enclose a check or money order, payable to 'Indiana State Department of Health', along with the application to:  
Indiana State Department of Health  
Attention: Cashier's Office  
2 North Meridian Street, Suite 2-C  
Indianapolis, IN 46204
  3. Direct any questions regarding how to complete this application, via phone, to: (317) 233-8761.

Facility Identification Number: \_\_\_\_\_ (FOR FACILITIES WITH AN EXISTING LICENSE)

Facility Licensed As:  Hospital  Ambulatory Outpatient Surgery Center (AOSC)

<p><b>I. LICENSEE (Business Name to be used on License)</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, ZIP: _____</p> <p>Telephone Number: (        ) _____</p> <p>E-mail: _____</p>	<p><b>V. LICENSEE'S DESIGNATED AGENT (If different from Section 1 [Not Architect].)</b></p> <p>Name: _____</p> <p>Title: _____</p> <p>Address: _____</p> <p>City, State, ZIP: _____</p> <p>Telephone Number: (        ) _____</p> <p>E-mail: _____</p>
<p><b>II. FACILITY (Project Physical Address)</b></p> <p><input type="checkbox"/> New Construction    <input type="checkbox"/> Renovation    <input type="checkbox"/> Addition</p> <p>Project Name/Title: _____</p> <p>Address: _____</p> <p>City, State, ZIP: _____</p>	<p><b>VI. ENGINEER / ARCHITECT</b></p> <p>Name: _____</p> <p>Firm: _____</p> <p>Address: _____</p> <p>City, State, ZIP: _____</p> <p>Telephone Number: (        ) _____</p> <p>E-mail: _____</p> <p>License Number [Exactly as shown on pocket card] _____</p> <p>Signature: _____</p>
<p><b>III. PROJECT DETAILS</b></p> <p>VERIFY THE FOLLOWING INFORMATION:</p> <p>A. Water Supply..... <input type="checkbox"/> Existing    <input type="checkbox"/> New</p> <p>B. Sewage Disposal..... <input type="checkbox"/> Existing    <input type="checkbox"/> New</p> <p>C. Facility Type:</p> <p><input type="checkbox"/> Primary Care Outpatient Facility (If "YES", answer below.) Maximum number of employees working at any one time: _____</p> <p><input type="checkbox"/> Excluded Rehabilitation / Psychiatric Unit (If "YES", answer below.) Fiscal Year-End Date (MM/DD/YY): _____</p> <p>D. Conduct Invasive Procedures / Applications?... <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>E. Estimated Cost of Construction...\$ _____ <input type="checkbox"/> No anticipated additional cost of construction; existing structure.</p> <p>F. Estimated Start of Construction..... _____</p> <p>G. Estimated Occupancy / Opening..... _____</p>	<p><b>VII. SIGNATURE OF PERSON COMPLETING FORM</b></p> <p>I, THE UNDERSIGNED, CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION CONTAINED ON THIS APPLICATION IS COMPLETE AND ACCURATE.</p> <p>Name (printed): _____</p> <p>Title: _____</p> <p>Signature: _____</p> <p>Date Signed (mm/dd/yy): _____</p>
<p><b>IV. ATTACHMENTS</b></p> <p>VERIFY THE FOLLOWING ITEMS ARE INCLUDED WITH THIS APPLICATION:</p> <p>A. Payment – <b>Fees Required</b> per 410 IAC 6-12-17 <input type="checkbox"/> Yes</p>	

## INSTRUCTIONS FOR COMPLETION OF CONSTRUCTION PERMIT FOR AN ACUTE CARE FACILITY

No. SECTION	DESCRIPTION
I. LICENSEE	Specify the name and address of company, firm, municipality, authority, etc., that will own the completed project.
II. FACILITY	Specify the name and address of the project.
III. PROJECT DETAILS	<p>A. Indicate whether the water supply is 'new' or 'existing'. <i>[CHECK NEW IF THE FACILITY/SITE HAS NEVER BEEN PREVIOUSLY APPROVED FOR ACUTE CARE USE.]</i></p> <p>B. Indicate whether the sewage disposal is 'new' or 'existing'. <i>[CHECK NEW IF THE FACILITY/SITE HAS NEVER BEEN PREVIOUSLY APPROVED FOR ACUTE CARE USE.]</i></p> <p>C. Indicate the licensee's type of license.</p> <p>D. Indicate the facility type. <i>NOTE: FOR 'PRIMARY CARE OUTPATIENT FACILITY' OR 'EXCLUDED REHABILITATION / PSYCHIATRIC UNIT', ANSWER ADDITIONAL QUESTION FOR EACH.</i></p> <p>E. Specify whether 'invasive procedures or applications' are to be performed at the facility.</p> <p>F. Indicate the estimated cost of construction, less equipment installation and consulting fees. <i>NOTE: IF AN EXISTING STRUCTURE SEEKING LICENSURE WITHOUT CONSTRUCTION, LEAVE BLANK AND 'CHECK' BOX.</i></p> <p>G. Provide an estimated date (MM/DD/YY) that construction will start.</p> <p>H. Provide an estimated date (MM/DD/YY) of occupancy.</p>
IV. ATTACHMENTS	<p style="text-align: center;"><b>Fees Required per Rule 410 IAC 6-12-17, payable via check or money order</b></p> <p style="text-align: center;">Ambulatory Outpatient Surgery Center (AOSC).....\$450</p> <p style="text-align: center;">New Hospital or Hospital Addition.....\$550</p> <p style="text-align: center;">Remodeling of an Existing Hospital.....\$300</p> <p style="text-align: center;"><i>NOTE: IF A FACILITY IS NOT CURRENTLY UNDER LICENSURE, THEN THE FACILITY IS CONSIDERED 'NEW' CONSTRUCTION. THEREFORE, 'SHELL SPACE' IS INCLUDED INTO THIS CATEGORY.</i></p> <p style="text-align: center;">Provide a complete detailed description regarding the use of the proposed licensed facility and its previous usage, if applicable.</p>
V. LICENSEE'S DESIGNATED AGENT	Provide the name, title, address, telephone number and e-mail of an individual, who is designated to act for the Licensee, and who is familiar with the project and can furnish additional information, as required. This may not be the same person as in Section VI.
VI. ENGINEER / ARCHITECT	Provide the name, title, firm, address, phone number and e-mail of the engineer or architect, registered in State of Indiana, who certified and sealed the construction plans and specifications. <b>License number and a signature (including date signed) must be provided. License number must be exactly as shown on pocket card.</b>
VII. SIGNATURE	<p>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.</p> <p>In the case of a partnership or a sole proprietorship, the application must be signed by a general partner or the proprietor, respectively.</p>