



APPLICATION FOR CONSTRUCTION PERMIT FOR PRIVATE MENTAL HEALTH INSTITUTIONS

State Form 52047 (R2 / 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 46204*
 2. Direct questions to (317) 233-8761

DO NOT SEND OR SUBMIT PLANS AT THIS TIME.

☐ Existing Facility Identification Number:

☐ New Facility

1. OWNING ENTITY _____
Name _____
Address _____
City, State, ZIP _____
Telephone Number _____
E-Mail _____

2. OWNER'S DESIGNATED AGENT
(If different from section 1.)
Name _____
Title _____
Address _____
City, State, ZIP _____
Telephone Number _____
E-Mail _____

3. FACILITY (TYPE OF PROJECT)
☐ New Construction ☐ Renovation ☐ Addition
Name _____
Address _____
City, State, ZIP _____
County _____

4. ENGINEER / ARCHITECT
Name _____
Address _____
City, State, ZIP _____
Telephone Number _____
E-Mail _____
License
Number: _____
[Exactly As Shown On Pocket Card]
Signature _____

5. Verify the following information:

(CHECK WHERE APPLICABLE.)

A. Water Supply: ☐ Public ☐ Existing

☐ Private ☐ New

B. Sewage Disposal:
☐ Public ☐ Existing

☐ Private ☐ New

C. Number of Licensed Beds _____

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.

Printed Name of Person Signing

Title

Signature of Owner or Designated Agent

Date Application Signed (month, day, year)

INSTRUCTIONS FOR COMPLETION OF CONSTRUCTION PERMIT FOR PRIVATE MENTAL HEALTH INSTITUTIONS

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|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Owning 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 squares. | <p>A. Specify the type of water supply serving the subject facility, and whether new or existing. Check NEW if the facility/site has never been previously approved as Private Mental Health Institution.</p> <p>B. Specify the type of sewage disposal serving the subject facility, and whether new or existing. Check NEW if the facility/site has never been previously approved as Private Mental Health Institution.</p> <p>C. Specify the number of licensed beds.</p> |
| 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. |