



## Application for Plan Review for a Nursing Facility

**Form 3703**  
September 2014

Service Code  
324200100  
LTC Review Fees

### 1. Facility/Project Information

Facility Name				
Physical Address — Street	City	State	ZIP	County
Facility/Project Contact Person			Contact Person's Title	
Facility/Project Contact Person's Telephone Number ( )	Fax Number ( )	Internet Address		
Mailing Address (if different from physical address) — Street or P.O. Box	City	State	ZIP	
Project Cost Estimate \$	Is the facility to be completely fire sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### 2. Applicant Information

Owner or Owner's Contact Person	Title	Telephone Number ( )	
Internet Address		Fax Number ( )	
Address (if different than facility)	City	State	ZIP
Architect Firm	Telephone Number ( )		
Name of Architect	Texas Registration Number		
Project Manager	Title		
Internet Address		Fax Number ( )	
Mailing Address	City	State	ZIP
Engineering Firm	Telephone Number ( )		
Name of Engineer	Texas Registration Number		
Project Manager	Title		
Internet Address		Fax Number ( )	
Mailing Address	City	State	ZIP

### 3. Type of Application (check all that apply)

<input type="checkbox"/> Initial — New Construction <input type="checkbox"/> Initial — Relocation (New Construction) <input type="checkbox"/> Addition of Wing/Building/Area    Describe: _____ <input type="checkbox"/> Laundry <input type="checkbox"/> Kitchen <input type="checkbox"/> Living/Dining <input type="checkbox"/> Other: _____ Other details/description: _____	No. of Beds: _____ (for fee purposes) Number of beds before project: _____ Number of beds after project: _____ Have plans been previously submitted for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____ By whom? _____
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### 4. Type of Facility (check all that apply)

<input type="checkbox"/> Single-story <input type="checkbox"/> Multi-story; Total no. of floors: _____	<input type="checkbox"/> Alzheimer's Certified Capacity: _____ beds	<input type="checkbox"/> Locked Area NOT Alzheimer's Certified Describe: _____ Capacity: _____ beds
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### 5. Fees

Fee Enclosed (see Texas Administrative Code [TAC], Title 40, Pt. 1, Ch. 19, §19.219) \$	Check Number: _____	Remitter Name (who signed check)	Telephone Number ( )
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**Instructions for Completing Form 3703**  
**Application for Plan Review for a Nursing Facility**

**PROCEDURE**

Complete this form to apply for optional plan review services for a nursing facility.

**Note: This application is for a plan review by the Texas Department of Aging and Disability Services (DADS). A separate application is required for licensure. This plan review does not satisfy the requirements for a plan review by the Texas Department of Licensing and Regulation (TDLR) for accessibility.**

Mail **attached payment coupon** with fee to:

**Texas Department of Aging and Disability Services**  
**Regulatory Services**  
**P.O. Box 149055, Mail Code E-411**  
**Austin, TX 78714-9055**

Submit **application** and **plans** to:

**Texas Department of Aging and Disability Services**  
**Long Term Care Regulatory**  
**Architectural Unit**  
**Facility Enrollment, Mail Code E-250**  
**701 West 51st Street**  
**Austin, TX 78751**

**Phone: 512-438-2371**  
**Fax: 512-438-4623**

**1. Facility/Project Information**

- Facility Name — Enter the full name of the facility.
- Physical Address — Enter the address of the facility, including the city, state, ZIP code and county where the facility is physically located.
- Facility/Project Contact Person — Full name of the person in charge of the building project.
- Contact Person's Title — Provide the facility/project contact person's title.
- Facility/Project Contact Person's Telephone Number — Provide the telephone number, including area code.
- Fax Number — Provide the facility/project contact person's fax number, including area code.
- Internet Address — Provide the Internet address or email address of the facility/project contact person.
- Mailing Address — Provide the facility/project contact person's mailing address, including city, state and ZIP code (if different from the physical address).
- Project Cost Estimate — Provide the estimated cost of the project in dollars.
- Is the facility to be completely fire sprinklered? — Check **Yes or No**.

**2. Applicant Information**

- Owner or Owner's Contact Person — Provide the full name of the owner's representative.
- Title — Provide the title of the owner's representative.
- Telephone Number — Provide the owner's representative's telephone number, including area code.
- Internet Address — Provide the Internet address or email address of the owner's representative.
- Fax Number — Provide the owner's representative's fax number, including area code.
- Address — Provide the address for the owner's representative, including city, state and ZIP code (if different from the facility address).
- Architect Firm — Provide the name of the firm or individual who produced the construction documents.
- Telephone Number — Provide the architectural firm's telephone number, including area code.
- Name of Architect — Provide the full name of the architect whose seal is affixed to the drawings.
- Texas Registration Number — Provide the architect's registration number with the Texas Board of Architectural Examiners.
- Project Manager — Provide the full name of the architectural project manager in charge of the project.
- Title — Provide the architectural project manager's title.
- Internet Address — Provide the Internet address or email address of the architect in charge of the project.
- Fax Number — Provide the architect's fax number, including area code.
- Mailing Address — Provide the mailing address, including city, state and ZIP code, of the architect in charge of the project.
- Engineering Firm — Provide the full name of the firm or individual who produced the construction documents.
- Telephone Number — Provide the engineering firm's telephone number, including area code.

- Name of Engineer — Provide the full name of the engineer whose seal is affixed to the drawings.
- Texas Registration Number — Provide the engineer's Texas registration number with the Texas Board of Professional Engineers.
- Project Manager — Provide the full name of the engineering project manager in charge of the project.
- Title — Provide the engineering project manager's title.
- Internet Address — Provide the Internet address or email address of the engineer in charge of the project.
- Fax Number — Provide the engineer's fax number, including area code.
- Mailing Address — Provide the mailing address, including city, state and ZIP code, of the engineer in charge of the project.

### 3. Type of Application

- Check the appropriate boxes for the type of application being submitted.
- "Initial" means **new facility or the conversion of an existing building into a licensed facility**.
- "Initial — Relocation" means relocating an existing **licensed facility**.
- "Addition of Wing/Building/Area" means making an addition to a **licensed facility**.
- Provide a one-sentence description of the addition.
- "Laundry" means construction of a new laundry or renovation of or addition to an existing laundry in a **licensed facility**.
- "Kitchen" means construction of a new kitchen or renovation of or addition to an existing kitchen in a **licensed facility**.
- "Living/Dining" means construction of new living or dining space or renovation of or addition to an existing dining or living space in a **licensed facility**.
- Check the box for Other and enter a brief description of other items included in the project.
- No. of Beds — Provide the number of proposed beds for this project (for calculation of the plan review fee).
- Number of beds before project — Provide the **licensed capacity** (number of beds) before this project.
- Number of beds after project — Provide the proposed **licensed capacity** (number of beds) after this project.
- Have plans been previously submitted for this project? — Check **Yes** or **No**.
- If **Yes**, provide the date of last submittal and the remitter's name.

### 4. Type of Facility

- Check the appropriate boxes for the type of facility being submitted.
- "Single-story" means a building with one floor level at grade.
- "Multi-story" means a building with two or more floor levels, including basements.
- "Alzheimer's Certified" means a building, unit or wing that is certified to meet the requirements of 40 TAC §19.2208, Standards for Certified Alzheimer's Facilities.
- Capacity — Provide the **number of beds** in the existing or proposed Alzheimer's certified facility, unit or wing.
- "Locked Area NOT Alzheimer's Certified" means a building, unit or wing that is locked for the protection of the residents.
- Describe the locked area.
- Capacity — Provide the **number of beds** in the existing or proposed locked area.

### 5. Fees

- Compute the **fee** from 40 TAC §19.219.
- Check Number — Provide the check number from the fee check.
- Remitter Name — Provide the full name of the person whose signature is on the fee check.
- Telephone Number — Provide the remitter's telephone number, including area code.

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### §19.219 Plan Review Fees

- (a) The Texas Department of Human Services (DHS) charges a fee to review plans for new buildings, additions, conversion of buildings not licensed by DHS, or remodeling of existing licensed facilities.
- (b) The fee schedule follows:
  - (1) Facilities – new construction:
    - (A) single-story facilities — \$20 per bed, \$2,000 minimum; and
    - (B) multiple-story facilities — \$24 per bed, \$2,500 minimum.
  - (2) Additions or remodeling of existing licensed facilities — 2% of construction cost with \$500 minimum fee and a maximum not to exceed \$2,000.
  - (3) Alzheimer's certification — \$550 in addition to the fees specified in paragraphs (1)-(2) of this subsection.



**Payment Coupon for Facility Enrollment  
Plan Review (324200100)**

**Facility Name and Address**

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**Print Remitter's Name** (person signing check): \_\_\_\_\_

**Make check or money order payable to:**

**Texas Department of Aging and Disability Services**

**Attach check or money order to this coupon and return to:**

**Texas Department of Aging and Disability Services  
Regulatory Services  
P.O. Box 149055, Mail Code E-411  
Austin, TX 78714-9055**