



Application for Plan Review for an Adult Day Care Facility

Form 3702
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"/> Other: _____ Other details/description: 	No. of Clients: _____ (for fee purposes) For Client Area Additions: Number of clients before project: _____ Number of clients after project: _____ Have plans been previously submitted for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____ By whom? _____
--	---

4. Fees

Fee Enclosed (see Texas Administrative Code [TAC], Title 40, Part 1, Chapter 98, §98.22) \$	Check Number:	Remitter Name (who signed check)	Telephone Number ()
--	---------------	----------------------------------	-------------------------

Instructions for Completing Form 3702
Application for Plan Review for an Adult Day Care Facility

PROCEDURE

Complete this form to apply for optional plan review services for an adult day care 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:

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

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

<p>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</p>
--

<p>Phone: 512-438-2371 Fax: 512-438-4623</p>
--

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. **(Note: Not required if unavailable.)**
- 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.
- Check the box for Other and enter a brief description of other items included in the project.
- No. of Clients — Provide the number of proposed clients for this project (for calculation of the plan review fee).
- Additions — Provide the **licensed capacity** (number of clients) before and 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. Fees

- Compute the **fee** from 40 TAC §98.22.
- 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.

§98.22 Plan Review Fees

- (a) DADS charges a fee to review plans for new buildings and the conversion of buildings not licensed by DADS, and for additions and the remodeling of existing licensed facilities.
- (b) The fee schedule follows:
 - (1) New buildings or conversion of buildings not licensed by DADS — \$12 per client (minimum \$500 and maximum \$1,000).
 - (2) Additions or remodeling of existing licensed facilities — 2% of construction cost (minimum \$250 and maximum \$750).



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

Facility Name and Address

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**