



Application for Plan Review for an Assisted Living Facility

Form 3705
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? _____
--	---

4. Type of Facility (check all that apply)

<input type="checkbox"/> Type A Assisted Living Facility <input type="checkbox"/> Small (16 beds or less) <input type="checkbox"/> Large (17 beds or more)	<input type="checkbox"/> Single-story <input type="checkbox"/> Multi-story; Total no. of floors: _____	Alzheimer's NOT applicable in Type A Assisted Living
<input type="checkbox"/> Type B Assisted Living Facility <input type="checkbox"/> Small (16 beds or less) <input type="checkbox"/> Large (17 beds or more)	<input type="checkbox"/> Single-story <input type="checkbox"/> Multi-story; Total no. of floors: _____	<input type="checkbox"/> Alzheimer's Certified Capacity: _____ beds

5. Fees

Fee Enclosed [see Texas Administrative Code (TAC), Title 40, Part 1, Ch. 92, §92.4(e)] \$	Remitter Name (who signed check) Check Number: _____	Telephone Number ()
--	---	-------------------------

**Instructions for Completing Form 3705
Application for Plan Review for an Assisted Living Facility**

PROCEDURE

Complete this form to apply for optional plan review services for an assisted living 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. **(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.
- "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 box for **Type A** or **B** facility.
- Check the box for **small** or **large** facility.
- Check the box for **single-story** or **multi-story**.
- If **multi-story**, indicate the **number of floors**.
- Indicate if an application has been made for **Alzheimer's certification**.
- Indicate the number of **Alzheimer's certified beds**.

5. Fees

- Compute the **fee** from 40 TAC §92.4(e) based on whether the facility is **Type A** or **B**, **small** or **large**, **single-story** or **multi-story**, and add the **Alzheimer's certification fee** if applicable.
 - 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.
-

§92.4(e) License Fees

Facility Type	New or Conversion: Single-story	New or Conversion: Multiple-story	Addition or Remodeling	Alzheimer's Certification
Small Type A (4 to 16 beds based on residential board and care occupancy of the Life Safety Code, Chapter 21-2 Slow)	\$900	\$1,100	2% of construction cost Minimum: \$350 Maximum: 50% of the plan review fee for a new facility of the same type	Not applicable
Large Type A (17 or more beds based on residential board and care of the Life Safety Code, Chapter 21-3)	17-80 beds: \$1,100	17-80 beds: \$1,650	2% of construction cost	Not applicable
	81-120 beds: \$1,650	81-120 beds: \$2,150	Minimum: \$400 Maximum: 50% of the plan review fee for a new facility of the same type	
	121+ beds: \$14 per bed	121+ beds: \$18 per bed		
Small Type B (4 to 16 beds based on residential board and care occupancy of the Life Safety Code, Chapter 21-2 Impractical)	\$1,100	\$1,650	2% of construction cost Minimum: \$350 Maximum: 50% of the plan review fee for a new facility of the same type	\$350 additional fee
Large Type B (17 or more beds based on the health care occupancy of the Life Safety Code, Chapter 12)	17-80 beds: \$1,600	17-80 beds: \$2,100	2% of construction cost	\$550 additional fee
	81-120 beds: \$2,150	81-120 beds: \$2,650	Minimum: \$500 Maximum: 50% of the plan review fee for a new facility of the same type	
	121+ beds: \$18 per bed	121+ beds: \$22 per bed		



**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**