

Construction Plan Submittal Form

HEALTHCARE FACILITIES (NOT INCLUDING ASSISTED LIVING)

Architectural and engineering plans for a new campus building, renovation, addition, or physical changes altering the use of occupancy of a licensed health care facility must be submitted to MDH Engineering for review and approval.

Individual construction projects at the same healthcare facility require a complete and separate Construction Plan Submittal Package for each project.

An incomplete Construction Plan Submittal Package will result in a delay of the review and approval process.

Project Information

Date of Submission: _____ HFID #: _____

Project Name (as it appears on the submittal plans): _____

Project Narrative (describe the project and work being done): _____

Project Address: _____

City/State/Zip: _____ County: _____

Facility Name (as it appears on facility license): _____

Facility Address: _____

Facility Contact: _____

Contact Email: _____ Contact Phone: _____

Submitter Information

The submitter is the person submitting this project for review. MDH will direct questions about the project to this person.

Submitter: _____ Phone: _____

Submitter's Email: _____

Submitter's Firm Name: _____

Firm Mailing Address: _____

MDH Information

Name of MDH Staff that completed a Preliminary Review (if applicable): _____

Building and Plan Code Information

1. Floors Involved in Project: _____

2. Project Size in Square Feet: _____

3. Project Type:

New Construction

Repair

Change of Capacity

Renovation

Reconstruction

Modification

Change of Use

4. Indicate Type of Construction per [National Fire Protection Association: Types of Construction and Material Combustibility \(https://www.nfpa.org/News-and-Research/Publications-and-media/Blogs-Landing-Page/NFPA-Today/Blog-Posts/2021/02/19/Construction-Types-and-Material-Combustibility\)](https://www.nfpa.org/News-and-Research/Publications-and-media/Blogs-Landing-Page/NFPA-Today/Blog-Posts/2021/02/19/Construction-Types-and-Material-Combustibility):

I (443)

II (111)

III (200)

V (000)

I (332)

II (000)

IV (2HH)

II (222)

III (211)

V (111)

5. State License Type:

Freestanding Outpatient Surgical Center (FOSC)

Hospital (HSP)

Offsite Unit of Hospital

Nursing Home (NH)

Residential Hospice

Supervised Living Facility, Class: Ambulatory (SLF A)

Supervised Living Facility, Class: Non-Ambulatory (SLF B)

Supervised Living Facility, Class: Ambulatory & Non-Ambulatory (SLF A & B)

Prescribed Pediatric Extended Care Center (PPEC)

6. Federal Certification Type:

Ambulatory Surgical Center (ASC)

Critical Access Hospital (CAH)

End Stage Renal Disease (ESRD)

Hospital (HSP)

Certified Hospice

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

Psychiatric Residential Treatment Facility (PRTF)

Skilled Nursing Facility/Nursing Facility (Nursing Home) (SNFNF)

Estimated Project Cost

Estimated project cost includes all materials, labor, and soft costs such as finance charges, permits, design, etc. in accordance with [Minn. Stat. 144A.071 \(www.revisor.mn.gov/statutes/cite/144A.071\)](http://www.revisor.mn.gov/statutes/cite/144A.071).

If there is no construction cost, there is \$0 fee.

Estimated Project Cost: _____

Estimated Project Cost (range in dollars)	Fee
\$0 - \$10,000	\$45
\$10,001 - \$50,000	\$225
\$50,001 - \$100,000	\$450
\$100,001 - \$150,000	\$675
\$150,001 - \$200,000	\$900
\$200,001 - \$250,000	\$1,125
\$250,001 - \$300,000	\$1,350
\$300,001 - \$350,000	\$1,575
\$350,001 - \$400,000	\$1,800
\$400,001 - \$450,000	\$2,025
\$450,001 - \$500,000	\$2,250
\$500,001 - \$550,000	\$2,475
\$550,001 - \$600,000	\$2,700
\$600,001 - \$650,000	\$2,925
\$650,001 - \$700,000	\$3,150
\$700,001 - \$750,000	\$3,375

Estimated Project Cost (range in dollars)	Fee
\$750,001 - \$800,000	\$3,600
\$800,001 - \$850,000	\$3,825
\$850,001 - \$900,000	\$4,050
\$900,001 - \$950,000	\$4,275
\$950,001 - \$1,000,000	\$4,500
\$1,000,001 - \$1,050,000	\$4,725
\$1,050,001 - \$1,100,000	\$4,950
\$1,100,001 - \$1,150,000	\$5,175
\$1,150,001 - \$1,200,000	\$5,400
\$1,200,001 - \$1,250,000	\$5,625
\$1,250,001 - \$1,300,000	\$5,850
\$1,300,001 - \$1,350,000	\$6,075
\$1,350,001 - \$1,400,000	\$6,300
\$1,400,001 - \$1,450,000	\$6,525
\$1,450,001 - \$1,500,000	\$6,750
\$1,500,001 - \$2,000,000	\$7,200

CONSTRUCTION PLAN SUBMITTAL FORM FOR HEALTH CARE FACILITIES

Estimated Project Cost (range in dollars)	Fee
\$2,000,001 - \$3,000,000	\$7,650
\$3,000,001 - \$4,000,000	\$8,100
\$4,000,001 - \$7,000,000	\$8,550

Estimated Project Cost (range in dollars)	Fee
\$7,000,001 - \$15,000,000	\$9,000
\$15,000,001 - \$50,000,000	\$9,450
\$50,000,001 or more	\$9,900

Submit the Construction Plan Submittal Package to MDH

The Construction Plan Submittal Package must include:

1. Send via email to healthcareengineers@state.mn.us:

Construction Plan Submittal Form (this form)

One writable PDF copy of the final construction plans, certified in accordance with [Minnesota Rule 1800.4200 \(https://www.revisor.mn.gov/rules/?id=1800.4200\)](https://www.revisor.mn.gov/rules/?id=1800.4200). Digital specifications are not needed.

2. Send via mail to the address listed below:

Check payable to “Commissioner of Finance, Treasury Division”

Copy of the Construction Plan Submittal Form (this form)

Questions

- Email: health.healthcareengineers@state.mn.us
- Phone: 651-201-4200

Minnesota Department of Health
Health Regulation Division
Engineering Services Section
PO Box 64900
St. Paul, MN 55164-0900
651-201-4200
health.healthcareengineers@state.mn.us
www.health.state.mn.us

07/01/2025

To obtain this information in a different format, call: 651-201-4200.