

PLAN REVIEW INPUT FORM (PR-1 Form)
OAR 333-675-0000 through OAR 333-675-0040

(This form to be submitted with schematic drawings and final construction documents)

Facility name:	
Project description:	
Project address, city, and zip:	
Type of review requested:	<input type="checkbox"/> Schematic Design <input type="checkbox"/> Construction Documents
Project subject to Certificate of Need?	<input type="checkbox"/> Yes <input type="checkbox"/> No See healthoregon.org/cn

Identify licensure category (check all that apply): see http://healthoregon.org/fps for definitions	
<input type="checkbox"/> Hospital licensed inpatient	<input type="checkbox"/> Hospital licensed outpatient within hospital
<input type="checkbox"/> Hospital licensed outpatient on campus (250 yards)	<input type="checkbox"/> Hospital licensed satellite
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Extended Stay Center affiliated with an ASC
<input type="checkbox"/> Dialysis	<input type="checkbox"/> Special Inpatient Care Facility
<input type="checkbox"/> Freestanding Birthing Center	
<input type="checkbox"/> Assisted Living Facility	<input type="checkbox"/> Residential Care Facility
<input type="checkbox"/> Nursing Home / Skilled Nursing	<input type="checkbox"/> Memory Care Endorsement
Identify project type category (check all that apply):	
<input type="checkbox"/> New construction seeking licensure [Fee Box 1]	<input type="checkbox"/> Convert unlicensed space to licensed [Fee Box 2-3]
<input type="checkbox"/> Change of use within existing licensed [Fee Box 3]	<input type="checkbox"/> Remodel or renovate existing licensed [Fee Box 3]
Inpatient or ODHS licensed bed counts.	
<input type="checkbox"/> Applicant is requesting (insert quantity): _____ inpatient or ODHS beds for new licensure.	
<input type="checkbox"/> Applicant is requesting to add (insert quantity): _____ inpatient or ODHS beds to existing license.	

Facility contact/representative:		
Address, city, state, and zip code:		
Phone number:		E-mail address:
Design firm representative:		
Design firm:		
Address, city, state, and zip code:		
Phone number:		E-mail address:

Project Type, Size, and Costs. To determine total project cost, see calculation table and **Box 4** next page

Schematic Design Review Fee Included (One-third of total review fee indicated on Table 1 of OAR 333-675-0050 and based on initial construction cost estimate):	\$
Final Construction Document Review Fee Included (Per Table 1 of OAR 333-675-0050 minus any amount previously submitted for schematic review and based on bids or the latest revised construction cost estimate):	\$
Total Review Fee Submitted:	\$

CASH OFFICE: Index: 50202 PCA: 51046 Object Code: 2135

1. New Construction		2. Existing Building Conversion		3. Existing Building Remodel	
Sq. Ft.		Sq. Ft.		Sq. Ft.	
Cost/Sq. Ft	\$		\$	Cost/Sq. Ft.	\$
New Constr. SUBTOTAL	\$	Building Value SUBTOTAL		Remodel SUBTOTAL	\$
4. Subtotal (#1, 2 & 3), Total Project Cost Estimate for Fee Calculation					\$

“Project Costs” [Fee Boxes 1-3] are all costs directly associated with the project, including but not limited to the following:

- building costs,
- all fixed or installed equipment in the project, and
- contractor supervision, inspection, and overhead costs.

“Project Costs” exclude the following costs:

- technologically advanced clinical equipment costs including but not limited to: X-Ray, CT, Linear Accelerator, or MRI.
- architectural or engineering fees,
- land acquisition costs,
- offsite improvements, and
- local authority having jurisdiction improvement programs.

Conversions [Fee Boxes 2-3] are reviewed from plans of both the existing building and renovation plans. Review fees are based on the estimated remodel costs and tax assessed value of the existing structure or prorated part of a structure if not all to be converted.

An electronic Plan Review submittal must include the following items (in pdf format) for the project to be assigned a Project Review (PR) number and placed into the queue. Project information can be transmitted via email if under 20mb, providing FPS a download link to an applicant hosted file sharing service, or by using FPS hosted file sharing service. If you require a link to upload electronic project documents, email mailbox.fps@odhsoha.oregon.gov for request and coordination. **Hardcopy drawings are no longer required.**

Please ensure that the following information is submitted:

- Completed PR-1 form; Mail copy of PR1 form and check to PO Box 14260, Portland OR 97293
- Check for review fee. Make Checks Payable to “Oregon Health Authority”.
- Functional Program (see OAR 333-675-0000 or Oregon amended FGI for guidance).
- SD submittal – scalable schematic design document drawings; or
- CD submittal – stamped, scalable, construction document drawings.
- Specifications/project manual (if applicable).
- Safety Risk Assessment documentation for projects reviewed with FGI, as applicable to scope of work.
- Acoustic compliance documentation for projects reviewed with FGI, as applicable to scope of work.
- If Assisted Living, Residential Care or Memory Care facility, a copy of the DHS approval of Letter of Intent or Market Study (OAR 411-054-0012 and 0013).