

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:		License #:
If hospital, check one of the following:	<input type="checkbox"/> On campus <input type="checkbox"/> Satellite	
Project Description:		
Project Address, City & Zip		

Facility Contact/Representative:	
Address, City & Zip	
Phone Number:	E-mail address:
Design Firm:	
Design Firm Contact:	
Address, City & Zip	
Phone Number:	E-mail address:

Type of Review Requested:	<input type="checkbox"/> Schematic Documents	<input type="checkbox"/> Construction Documents
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Project Type, Size, and Costs ⁱ

1. New Construction		2. Existing Building Conversion		3. Existing Building Remodel	
Sq. Ft.		Sq. Ft.		Sq. Ft.	
Cost/Sq. Ft.	\$	Building Value ⁱⁱ	\$	Cost/Sq. Ft.	\$
New Constr. SUBTOTAL	\$	SUBTOTAL		Remodel SUBTOTAL	\$
Subtotal (#1, 2 & 3)					\$
4. Deduct cost for technologically advanced clinical equipment including but not limited to: X-Ray, CT, Linear Accelerator, or MRI. Please provide itemized list of equipment and cost.					\$ -
Total Project Cost Estimate for Fee Calculation					\$

FEES

Schematic Document 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: \$

Checks must be submitted at the time of plan submission. Make checks payable to: Oregon Health Authority and send to: PHD-Facility, Planning and Safety, 800 NE Oregon Street, Suite 465, Portland OR 97232

A Plan Review submittal must include the following items in order for the project to be assigned a Project Review (PR) number and placed into the queue. Please ensure that the following information is attached:

- Completed PR-1 form;
- Check for review fee;
- Functional Program (OAR 333-675-0000);
- SD submittal – One (1) set of schematic design document drawings; or
- CD submittal – Three (3) sets of stamped, scalable, construction document drawings;
- Electronic specifications/project manual (Do not send printed copies. This material must be included in PDF format on the disk noted below.)
- If Assisted Living, Residential Care or Memory Care facility, a copy of the DHS approved Letter of Intent and Market Study (OAR 411-054-0012 and 0013); and
- Disk that includes all electronic files of the items noted above.

i “Project Costs” 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:

- architectural or engineering fees,
- land acquisition costs,
- offsite improvements, and
- local authority having jurisdiction improvement programs.

ii Conversions 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.