



Construction Plan Submittal Form

Project Name:		Today's Date:
Project Narrative:		
Project Address:		HFID #:
City, State & Zip:		County:
Facility Name:	Address:	
Facility Contact:	Contact Email:	

Submitter:	Phone:
Submitter's Email:	
Submitter's Firm Name:	
Firm Mailing Address:	

Name of MDH staff who did preliminary review:

Floors Involved in Project:	Project Size in Square Feet:
Project Type:	Type of Construction:
State License Type:	Federal Certification Type:

Estimated project cost includes all materials, labor and soft costs such as finance charges, permits, design, etc. in accordance with MN Statute 144A.071
Estimated Project Cost Dollar Amount Range and Fee:
Estimated Project Cost:

Construction Plan Submittal Package includes:

- Construction Plan Submittal Form
- Certified/signed paper copy of final construction plans
- Writable PDF copy of final certified/signed construction plans and digital specs
- Check payable to "Commissioner of Finance, Treasury Division"

Mail:
 MDH Engineering Services Section
 ATTN: Plan Review
 PO BOX 64900
 St. Paul, MN 55164-0900

Courier:
 MDH Engineering Services Section
 ATTN: Plan Review
 85 E 7th Place, Suite 220
 St. Paul, MN 55101-2143

[MDH Engineering Section Email \(healthcareengineers@state.mn.us\)](mailto:healthcareengineers@state.mn.us)

[MDH Engineering Section Website \(http://www.health.state.mn.us/divs/fpc/engineering/index.html\)](http://www.health.state.mn.us/divs/fpc/engineering/index.html)

To obtain this information in a different format, call: 651-201-4229.

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