



Project Submission Form for Freestanding Emergency Center

Project identifying information

For IDPH Use only

All sections of this form must be completed. Altered forms will not be accepted.

IDPH # _____

Facility Name _____

Street Address _____

City _____ IL ZIP Code _____

Is this a phased project? Yes No

If yes, attach an occupancy schedule describing the rooms to be occupied in each phase with a small scale graphic plan.

Submission type

Provide one set of signed/sealed drawings and outline specifications for review in accordance with Section 518.2170 of the Freestanding Emergency Center Code. This includes design development drawings and outline specifications and working/construction drawings and specifications. Drawing size may not exceed 30 X 42.

Design development drawings - 30-day review time after deemed complete

Working/construction drawings - 60-day review time after deemed complete

Certificate of Need

Provide a copy of a valid certificate of need (CON). A review by the Department WILL NOT begin until a CON or appropriate documentation is received.

CON project number _____ Date approved _____

Project cost

- | | |
|---|----------|
| 1. Site preparation costs | \$ _____ |
| 2. Demolition costs | \$ _____ |
| 3. Construction contracts (including cost of materials) | \$ _____ |
| 4. Fixed capital equipment | \$ _____ |
| 5. Total | \$ _____ |

*Fixed capital equipment is any equipment which is not movable from room to room and includes but is not limited to diagnostic equipment (MRI, scanners, X-ray equipment, etc). Equipment which is part of the building such as AHU, boilers, chillers, lights, fire alarm panels and all related components are to be included in the construction costs.

Mail completed submission to: Design Standards Unit, Illinois Department of Public Health
525 W. Jefferson St., Fourth Floor, Springfield, IL 62761
For questions, please call: 217-785-4264

Important notice The state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 90-0327. Disclosure of this information is mandatory.



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Code analysis information

NFPA 220 information Construction Type _____ year _____

Number of stories _____ GSF/floor _____ Height in feet _____

Structural component	Assembly rating	UL assembly number
Roof		
Floor		
Beams		
Columns		
Girders		
Interior walls		
Exterior walls		

Sprinkler system Full Partial Dry Wet None

Fire pump capacity _____ Water main size _____

Emergency power Type _____

Generating set _____ UPS _____ Other _____ Fuel storage in gallons _____

Fire Alarm Direct F.D. Connection Remote station Proprietary protective Coded Supervisory



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Contact Information

Facility representative

Name _____ Title _____

Address _____

City _____ State _____ ZIP Code _____

Phone number _____ Fax number _____

Architectural firm

Company name _____

Project Architect _____

Address _____

City _____ State _____ ZIP Code _____

Phone number _____ Fax number _____

HVAC designer

Company name _____

Contact Name _____

Address _____

City _____ State _____ ZIP Code _____

Phone number _____ Fax number _____

Electrical system designer

Company name _____

Contact Name _____

Address _____

City _____ State _____ ZIP Code _____

Phone number _____ Fax number _____