NEW JERSEY STATE DEPARTMENT OF COMMUNITY AFFAIRS
HEALTH CARE PLAN REVIEW RECORD

101 South Broad Street P.O. Box 817
Trenton, New Jersey 08625-0817
609-633-8151

Date:

FACILITY NAME_____

CERTIFICATE OF NEED
OR
REFERENCE NUMBER_____

CERTIFICATE OF NEED EXPIRATION DATE _____

SUBMITTED BY _____

FIRM NAME_____

ADDRESS _____

_____

TELEPHONE NO._____

FAX #_____

EMAIL_____

Submit Part # 1 with schematic plans (1st stage) and Part #2 with the final submission. If the first submission consists of final plans, the entire plan review record shall be submitted at that time.

Hydraulically designed working drawings and calculations (including summary sheet, detailed work sheets and graph sheet), prepared in accordance with Chapter 23 of NFPA-13, shall be submitted for review at the first submission of engineering drawings.

The Plan Review Record is an information tool only. It shall in no way relieve the Architect or Engineer from submitting complete and detailed plans and specification.

PART 1

Use Group Classification (2015 IBC, NJ Edition) 302.1 _____

Construction Type (2015 IBC, NJ Edition) 602.0 _____

(If more than one type please note each and delineate on Plans.)

Building Area (See Definition, 2015 IBC, NJ Edition) 503

New Construction _____sq.ft.
Renovation _____sq.ft.

(If more than one area or floor, note size of each and delineate on plans.)

Building Height (2015 IBC, NJ Edition) 503 and 504 _____stories

_____ft.

Automatic Fire Suppression System

Throughout (2015 IBC, NJ Edition) 903.0 _____
Limited Area (2015 IBC, NJ Edition) 903.3.8 _____
None _____

Street Frontage Increase? (2015 IBC, NJ Edition) 506.2 _____Yes
_____No

If yes, complete the following:

Total Open Perimeter _____Feet

Total Building Perimeter _____Feet

Percent open perimeter = _____%

Mixed Use and Occupancy? _____Yes
_____No

If yes, note each use group, the location of each on a small scale key plan, and the applicable paragraph of 2015 IBC, NJ Edition 508, which describes the proposed design conditions.

Will any new construction be designed as a addition to the existing building. _____Yes _____No

(or)

Will any new construction be designed as a new separate building _____Yes _____No

If yes, has the firewall been designed as per 2015 IBC, NJ Edition 706.1 thru 707.10. _____Yes _____No

Will atriums be incorporated in this project? (2015 IBC, NJ Edition) 404 _____Yes _____No

If yes, are they designed as per 2015 IBC, NJ Edition 404.1 thru 404.10 _____Yes _____No

Complete attachment No. 1 (means of egress sheet) and return with Part #1. If exits are numerous, coordinate the egress sheet with the plans be numbering all exits.

ATTACHMENT #1
MEANS OF EGRESS SHEET

Occupant Load

Floor	Location	Area	Allowable Sq. Ft./person (2015 IBC, NJ Edition) Table 1004.1.2 No. of Occupants	
____	_____	_____	_____ =	_____
	_____	_____	_____ =	_____
	_____	_____	_____ =	_____
	_____	_____	_____ =	_____
	_____	_____	_____ =	_____
	_____	_____	_____ =	_____
	_____	_____	_____ =	_____
	_____	_____	_____ =	_____
	_____	_____	_____ =	_____
	_____	_____	_____ =	_____
	_____	_____	_____ =	_____
	_____	_____	_____ =	_____
	_____	_____	_____ =	_____
			Total/Floor	_____

CAPACITY OF EXITWAYS

Floor	Exit Type and Location I-2 NFPA-101.18.2.3 I-1, & I-2, (2015) IBC, NJ Edition, 1020 thru 1024	Egress Width	Allowable No. Persons/Unit (2015) IBC, NJ Edition 1005	Total Capacity
___	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
			Total/Floor	_____

Use additional space as required (this is the formal to be followed).

PART 2

Will corridors be enclosed in one hour fire rated walls? _____Yes
_____No

If no, explain why.

Are exterior walls _____Bearing
_____Nonbearing

Note roof covering classification _____
(2015 IBC, NJ Edition) 1504.0

Will there be any flammable anesthetics used _____Yes
in this facility? _____No

Will smoke barriers be provided _____Yes
(NFPA-101, 18-3.7.) (2015 IBC, NJ Edition) 709 _____No

If yes, delineate on plans _____New
_____Existing

Will x-ray equipment be installed as part _____Yes
of this project? _____No

If yes, provide certification from a licensed physicist approving the design for shielding of the equipment with final plans.

Are there any functional dumbwaiters? _____Yes
_____No

Are there any functional linen or refuse chutes? _____Yes
_____No

Have rated floor/ceiling assemblies been employed? (2015 IBC, NJ Edition) 711 _____Yes _____No

If yes,

What is rating _____

What is U.L. no. _____

If elevators are being installed note type:

_____Hydraulic

_____Electric

Complete Attachment No. 2 (Engineers Checklist) and submit with final plans.

ATTACHMENT #2

ENGINEER'S CHECKLIST AND CERTIFICATION OF COMPLIANCE WITH DESIGN REQUIREMENTS OF THE NEW JERSEY STATE UNIFORM CONSTRUCTION CODES

GENERAL DATA

OWNER _____

ADDRESS _____
_____
_____

PROJECT _____

LOCATION _____
_____
_____

CN# _____

LICENSED
ENGINEER _____

ADDRESS _____
_____

ENGINEER'S
SEAL
&
SIGNATURE

DATE _____

This checklist shall be included with submission of final plans and specifications excepting that it is required for preliminary approval for Construction Management projects.

Where applicable the engineer for the above listed project has reviewed the codes listed in the following schedule and has applied engineering standards of good practice to meet all applicable design requirements included in the checklist on Pate 2 and 3.

REFERENCE	DESCRIPTION	MEETS CODES	NOT APPLICABLE
2014 FGI GUIDELINES Hospitals & Outpatient Fac. 2.1-8.2.1.2, Table 7.1, Part 4 3.1-8.2.1.2, Table 7.1, Part 4 Residential Health, Care & Support Fac. 3.1-6.3.1.2, Table 7.1, Part 6	Heating, ventilation and air conditioning equipment have been designed to provide room temperatures and relative humidity required by this section.	☐	☐
2014 FGI GUIDELINES Hospitals & Outpatient Fac. Part 4 – Section 6.7.5	A physicist shall review ductwork penetrations to x-ray rooms. He shall provide written certification that the effectiveness of the x-ray protection has been prepared. Attach physicist's report.	☐	☐
2014 FGI GUIDELINES Hospitals & Outpatient Fac. 2.1-8.4.2.3 3.1-8.4.2.3 Residential Health, Care & Support Fac. 2.5-2.2.2.1	Water supply system are designed to supply water at sufficient pressure.	☐	☐
2014 FGI GUIDELINES Hospitals & Outpatient Fac. 2.1-8.4.2.5 3.1-8.4.2.5 Residential Health, Care & Support Fac. 2.5-2.2.3.4	Domestic hot water equipment has the required capacity.	☐	☐
2014 FGI GUIDELINES Hospitals & Outpatient Fac. 2.1-8.3.3.1 3.1-8.3.3.1 Residential Health, Care & Support Fac. 3.1-6.4.2.1	Electrical generator has the capacity to provide emergency electrical service for new and existing facilities.	☐	☐

***Guidelines for Design and Construction of :**
Hospitals and Outpatient Facilities 2014 or Residential Health, Care and Support Facilities 2014

Updated: 12/2017