



**SUBMISSION FOR PROJECT REVIEW**  
 NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES  
 LIFE SAFETY AND CONSTRUCTION  
 SFN 61466 (07-25R)

**INSTRUCTIONS:** Type or print clearly. Send completed form, drawings, and supplemental information to [lsc@nd.gov](mailto:lsc@nd.gov).

**FACILITY AND PROJECT INFORMATION**

Name of Facility			
Mailing Address	City	State	ZIP Code
Project Name			
Project Address	City	State	ZIP Code
Select all that apply: Hospital Critical Access Hospital Skilled Care Facility Basic Care Facility Hospice	Select all that apply: New Construction Rehabilitation Classification (see LSC Ch. 43) _____ Bed capacity: Existing _____ Proposed _____ Project is the result of a Life Safety Code survey deficiency		
**Opinion of Probable Cost		Construction Type (see NFPA 220)	

**\*\*The opinion of probable cost should only include what is in this submission. For example, do not include the cost of the sprinkler system, nurse call system, etc., if those final drawings & specifications have been omitted from this submission. Those items will need to be submitted as a separate submittal when they are completed.**

**CONTACT INFORMATION**

Owner Name/Contact Person			
Company			
Address	City	State	ZIP Code
Telephone Number	E-Mail Address		

Designer			
Company			
Address	City	State	ZIP Code
Telephone Number	E-Mail Address		

Contractor (if known)			
Company			
Address	City	State	ZIP Code
Telephone Number	E-Mail Address		