SUBMISSION FOR PROJECT REVIEW
HEALTH AND HUMAN SERVICES
LIFE SAFETY AND CONSTRUCTION
SFN 61466 04-2026

Send completed form, drawings, and supplemental information to lsc@nd.gov

FACILITY AND PROJECT INFORMATION

Facility Name_____

Email Address_____

Street Address_____

City _____ State_____ Zip_____

Project Name _____

Project Address _____

City _____ State_____ Zip_____

Select all Facility Types 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 a result of a Life Safety Code survey deficiency

Construction Type (see NFPA 220) _____

Opinion of Probable Cost _____
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 and specifications have been omitted from this submission. Those items will need to be submitted as a separate submittal when they are completed.

Owner or Contact Person _____

Company _____

Street Address_____

City _____ State_____ Zip_____

Telephone_____ Email Address _____

Designer _____

Company _____

Street Address_____

City _____ State_____ Zip_____

Telephone_____ Email Address _____

Contractor, if known _____

Company _____

Street Address_____

City _____ State_____ Zip_____

Telephone_____ Email Address _____