



**PLAN REVIEW SUBMITTAL FORM**

*Use this form for all submittals except HOSPITAL & Ambulatory Surgical Centers projects. The ODH 698 Form "Hospital Plan Review Submittal Form" must be used for hospital projects.*

Plans, drawings, specifications, other documents, and payment must accompany the Plan Review Submittal Form. Checks, money orders, or bank drafts must be made payable to **OKLAHOMA STATE DEPARTMENT OF HEALTH** and delivered in person or mailed with your plans with the completed Plan Review Submittal Form. No payment, submitted with the Plan Review Submittal Form shall be refunded.

**OKLAHOMA STATE DEPARTMENT OF HEALTH  
FINANCIAL MANAGEMENT - RECEIPTING UNIT  
PO BOX 268823  
OKLAHOMA CITY, OK 73126-8823**

All plans, drawings, and other documents must be identified to clearly indicate the project and submittal they are associated with. **All final plans and specifications shall be appropriately signed and sealed by an architect registered in the state of Oklahoma.**

1. **PROJECT NAME:** \_\_\_\_\_  
\_\_\_\_\_

2. **NAME OF FACILITY:** *(Name to be given to the facility/structure)* \_\_\_\_\_  
\_\_\_\_\_  
*(Printed Name)*

**D.B.A.:** \_\_\_\_\_  
\_\_\_\_\_

3. **PHYSICAL ADDRESS:** \_\_\_\_\_  
*(Number & Street) (City) (County) (State) (Zip)*  
Mailing Address: \_\_\_\_\_  
*(Number & Street) (City) (County) (State) (Zip)*  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. **PROJECT REPRESENTATIVE:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
*(Number & Street) (City) (County) (State) (Zip)*  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

5. **PROJECT ARCHITECT:** \_\_\_\_\_  
ARCHITECT/FIRM: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
*(Number & Street) (City) (County) (State) (Zip)*  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**6. PROJECT TYPE:**

- New Construction
- Remodel Existing Facility Relocate
- Existing Facility

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**7. SUBMITTAL TYPE:**

- Stage One Submittal
- First Submittal
  - Second Submittal
  - Other (Specify) \_\_\_\_\_

- Stage Two Submittal
- First Submittal
  - Second Submittal
  - Other (Specify) \_\_\_\_\_

**8. SUBMITTAL REQUIREMENTS**

**Stage One Submittal**

1. Submittal Form
2. Preliminary Drawings
3. Functional Program
4. Existing plan with all spaces labeled
5. Life Safety Plan
6. Location plan that shows the project location and relationship to other department or tenants
7. Site Plan, if the building perimeter is altered or penetrated.

**Stage Two Submittal**

1. Submittal Form
2. Construction documents including specifications
3. Functional Program
4. Construction Schedule\*
5. Contractor Name\*
6. Contractor Contact\*  
*\*If Available. This information must be submitted before construction is started.*

**9. FEE SCHEDULE**

Fees. Each construction project submission shall be accompanied by the appropriate review fee based on the cost of design and construction project. Fees for plan and specification reviews and related Department services are as follows:

- (1) Design and construction plans and specification fee: two one-hundredths percent (0.02) of the cost of design and construction of the project, with a minimum fee of Fifty Dollars (\$50.00) and a maximum fee of One Thousand Dollars (\$1,000.00)

*Note: No Fee for Adult Daycare, Abortion Facilities, and Birthing Centers.*

ESTIMATED PROJECT COST \$ \_\_\_\_\_

FEE SUBMITTED \$ \_\_\_\_\_

**CLEAR**

**SAVE**

**PRINT**