

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

101 South Broad Street, PO 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 # \_\_\_\_\_ FAX # \_\_\_\_\_

EMAIL \_\_\_\_\_

Submit Part # 1 with schematic plans (1<sup>st</sup> stage) and Part #2 with the preliminary (2<sup>nd</sup> stage) submission. If the first submission consists of preliminary or 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 8 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 (2009 IBC, NJ Edition) 302.1 \_\_\_\_\_

Construction Type (2009 IBC, NJ Edition) 602.0 \_\_\_\_\_

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

Building Area (See Definition, 2009 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 (2009 IBC, NJ Edition) 503 and 504 \_\_\_\_\_stories  
\_\_\_\_\_ft.

Automatic Fire Suppression System  
Throughout (2009 IBC, NJ Edition) 903.0 \_\_\_\_\_  
Limited Area (2009 IBC, NJ Edition) 903.3.5.1.1 \_\_\_\_\_  
None \_\_\_\_\_

Street Frontage Increase? (2009 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 2009 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 2009 IBC, NJ Edition 706.1 thru 707.9.

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

Will atriums be incorporated in this project?  
(2009 IBC, NJ Edition) 404

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

If yes, are they designed as per 2009 IBC, NJ Edition 404.1 thru 404.8

\_\_\_\_\_ 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.



## **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  
(2009 IBC, NJ Edition) 1504.0

\_\_\_\_\_

Will there be any flammable anesthetics used  
in this facility?

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

Will smoke barriers be provided  
(NFPA-101, 18-3.7.) (2009 IBC, NJ Edition) 710.0

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

If yes, delineate on plans

\_\_\_\_\_ New  
\_\_\_\_\_ Existing

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

\_\_\_\_\_ Yes  
\_\_\_\_\_ 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? (2009 IBC, NJ Edition) 712.0

\_\_\_\_\_ 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
2010 AIA GUIDELINES* 2.1-8.2.6.1 3.1-8.2.6.1 4.1-8.2.6.1	Boiler capacity (new or existing) is adequate to meet requirements of all buildings served.	<input type="checkbox"/>	<input type="checkbox"/>
2010 AIA GUIDELINES 2.1-8.2.1.2, Table 7-1, Part 6 3.1-8.2.1.2, Table 7-1, Part 6 4.1-8.2.1.2, 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.	<input type="checkbox"/>	<input type="checkbox"/>
2010 AIA GUIDELINES 2.1-8.2.4.2(4) 3.1-8.2.4.2(4)	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 impaired. Attach physicist's report.	<input type="checkbox"/>	<input type="checkbox"/>
2010 AIA GUIDELINES 2.1-8.4.2.3 3.1-8.4.2.3 4.1-8.4.2.3	Water supply system are designed to supply water at sufficient pressure.	<input type="checkbox"/>	<input type="checkbox"/>
2010 AIA GUIDELINES 2.1-8.4.2.5 3.1-8.4.2.5 4.1-8.4.2.5	Domestic hot water equipment has the required capacity.	<input type="checkbox"/>	<input type="checkbox"/>
2010 AIA GUIDELINES 2.1-8.3.3.1 3.1-8.3.3.1 4.1-8.3.3.1	Electrical generator has the capacity to provide emergency electrical service for new and existing facilities.	<input type="checkbox"/>	<input type="checkbox"/>

\*Guidelines for Design and Construction of Health Care Facilities - 2010 Edition.

Updated March 2011