

CONTRACT DOCUMENTS REVIEW REQUEST

Office of Health Facility Licensure and Certification
Capitol and Washington Streets, 1 Davis Square, Suite 101, Charleston WV 25301-1799
Phone: (304) 558-0050
Fax: (304) 558-2515

Name of Facility: _____

Address: _____

Phone: () _____ Fax: () _____

Plant Operations Contact Person: _____

Name of Owner: _____

Address of Owner: _____

Phone: () _____ Fax: () _____

Type of Facility: _____ Number of Beds: _____

New, Addition, or Existing Structure: _____

Square Footage: _____ sq. ft. Number of Floors: _____

Name and Description of Project (List the construction Phases, if applicable):

Name of Architectural Firm: _____

Address of Firm: _____

Phone: () _____ Fax: () _____

Architect's Project #: _____ OHFLAC's Project #: _____

Is the Architect registered to practice architecture in the State of West Virginia? Yes No

Project Architect: _____ Addendum? Yes No

Do you have the contract to do on-site inspections during the construction period? Yes No

If yes, how often will inspections be conducted? _____

Have you received a Certificate of Need from the West Virginia Health Care Authority? Yes No

If yes, please attach a copy of the Certificate of Need with the application.

Submit to this office copies of your on-site inspection report.

I am requesting the Office of Health Facility Licensure and Certification perform a contract document review for the above-described project.

A review fee check has been enclosed for the amount of \$ _____ (Copy of fee schedule enclosed)

Signature

Date