SUBMISSION FOR PROJECT REVIEW

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LIFE SAFETY AND CONSTRUCTION
SFN 61466 (11-2026)

Click Here to Clear Field Data

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

FACILITY INFORMATION

Facility Name	Email Address		
Street Address	City	State	ZIP Code
Project Name			
Address	City	State	ZIP Code

Facility Type: Select all that apply

☐ Hospital ☐ Critical Access Hospital ☐ Skilled Care Facility ☐ Basic Care Facility ☐ Hospice

PROJECT INFORMATION

Project Details: Select all that apply

☐ New Construction

☐ Rehabilitation

Classification: See LSC Chapter 43

☐ Bed Capacity

Existing Bed Capacity	Proposed Bed Capacity

☐ Project is a result of Life Safety Code survey deficiency

Construction Type: See NFPA 220

Opinion of Probable Cost

The opinion of probable cost should include only the work covered by this submission. Do not include costs for items whose final drawings and specifications are not included, such as the sprinkler system or nurse call system. Submit those items separately when they are complete.

Owner or Contact Person

Name			
Company			
Street Address	City	State	ZIP Code
Telephone Number	Email Address		

Designer

Name			
Company			
Street Address	City	State	ZIP Code
Telephone Number	Email Address		

Contractor, complete if known

Name			
Company			
Street Address	City	State	ZIP Code
Telephone Number	Email Address		