



**STATE OF DELAWARE**  
**OFFICE OF HEALTH FACILITIES LICENSING AND CERTIFICATION**  
**(302) 995-8521**  
**APPLICATION FOR BLUEPRINT REVIEW**

**I. IDENTIFYING INFORMATION:**

OHFLC  
 PROJECT CODE \_\_\_\_\_

FACILITY NAME \_\_\_\_\_  
 Print

FACILITY ADDRESS \_\_\_\_\_  
 ADDRESS 1  
 ADDRESS 2

OWNER  
 CITY STATE ZIP CODE  
 \_\_\_\_\_  
 Print

ARCHITECT  
 EMAIL PHONE NUMBER FAX  
 \_\_\_\_\_  
 Print

PRIMARY FACILITY CONTACT  
 EMAIL PHONE NUMBER FAX  
 \_\_\_\_\_  
 Print Name

RELATIONSHIP TO OWNER  
 \_\_\_\_\_  
 Print  
 EMAIL PHONE NUMBER FAX

II. FACILITY TYPE  
 \_\_\_\_\_  
 Print Name

**III. REGULATORY DETAILS**

CIRCLE:      LICENSED                      CERTIFIED                      BOTH

- IV. SCOPE OF PROJECT (CIRCLE)
- 1) NEW FACILITY
  - 2) NEW AREA OR SERVICE IN EXISTING FACILITY
  - 3) UPDATE OR UPGRADE TO EXISTING AREA/SERVICE
  - 4) USAGE CHANGE OF AN AREA
  - 5) COSMETIC CHANGES
  - 6) SINGLE PHASED      MULTI-PHASED

SQUARE FEET \_\_\_\_\_

V. ATTACH A SHORT PROJECT DESCRIPTION TO ENABLE OHFLC TO IDENTIFY THE APPROPRIATE SECTIONS OF THE 2006 Guidelines for Design and Construction of Health Care Facilities.

VI. INDICATE THE SECTION(S) OF THE 2006 Guidelines for Design and Construction of Health Care Facilities you are requesting authorization to utilize. You **must** complete this section or your application will be returned.

VII. **Attach proof of Fire Marshal plan review and approval.**

VIII. IF SURGICAL FACILITY OR HOSPITAL OPERATING ROOMS, COMPLETE THE FOLLOWING:

		# OF CLASS A ORS/PROCEDURE ROOMS	_____
# OF PREP/RECOVERY BEDS (DUAL USE)	_____	# OF CLASS ENDOSCOPY ROOMS	_____
# OF PREP BEDS	_____	# OF CLASS B OPERATING ROOMS	_____
# OF RECOVERY BEDS	_____	# OF CLASS C OPERATING ROOMS	_____
		TOTAL NUMBER OF OPERATING ROOMS	_____

IX. SIGNATURE OF PERSON COMPLETING THIS APPLICATION AND DATE

\_\_\_\_\_  
DATE Signature

\*\*\*\*\*  
Reviewed and returned by OHFLC:

\_\_\_\_\_  
DATE Signature  
Comments:

\*\*\*\*\*  
Accepted by OHFLC:

\_\_\_\_\_  
DATE Signature  
Comments: