**Schedule 6**

**Architectural/Engineering Submission**

**Contents:**

* **Schedule 6 – Architectural/Engineering Submission**

###### Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction

Schedule applies to all projects with construction, including Articles 28 & 40, i.e., Hospitals, Diagnostic and Treatment Centers, Residential Health Care Facilities, and Hospices.

**Instructions**

* Provide Architectural/Engineering Narrative using the format below.
* Provide Architect/Engineer Certification form:
* [Architect's Letter of Certification for Proposed Construction or Renovation for Projects That Will Be Self-Certified. Self-Certification Is Not an Option for Projects over $15 Million, or Projects Requiring a Waiver](https://www.health.ny.gov/facilities/cons/more_information/docs/1-alc_for_proposed_construction_sc.pdf) (PDF)
* [Architect's Letter of Certification for Proposed Construction or Renovation Projects to Be Reviewed by DOH or DASNY.](https://www.health.ny.gov/facilities/cons/more_information/docs/2-alc_for_proposed_construction.pdf) (PDF) (Not to Be Submitted with Self-Certification Projects)
* [Architect's Letter of Certification for Completed Projects](https://www.health.ny.gov/facilities/cons/more_information/docs/3-alc_for_completed_projects.pdf) (PDF)
* [Architect's or Engineer's Letter of Certification for Inspecting Existing Buildings](https://www.health.ny.gov/facilities/cons/more_information/docs/4-alc_for_inspecting_existing_bldgs.pdf) (PDF)
* Provide FEMA BFE Certificate. Applies only to Hospitals and Nursing Homes.
  + [FEMA Elevation Certificate and Instructions.pdf](https://www.fema.gov/sites/default/files/2020-07/fema_nfip_elevation-certificate-form-instructions_feb-2020.pdf)
* Provide Functional Space Program: A list that enumerates project spaces by floor indicating size by gross floor area and clear floor area for the patient and resident spaces.
* For projects with imaging services, provide Physicist’s Letter of Certification and Physicist’s Report including drawings, details and supporting information at the design development phase.
  + [Physicist's Letter of Certification](https://www.health.ny.gov/facilities/cons/more_information/docs/7-physicists_letter_of_certification.pdf) (PDF)
* Provide Architecture/Engineering Drawings in PDF format created from the original electronic files; scans from printed drawings will not be accepted. Drawing files less than 100 MB, and of the same trade, may be uploaded as one file.
  + [NYSDOH and DASNY Electronic Drawing Submission Guidance for CON Reviews](https://www.health.ny.gov/facilities/cons/more_information/docs/con_review_guidance_document.pdf)
  + [DSG-1.0 Schematic Design & Design Development Submission Requirements](https://www.health.ny.gov/facilities/cons/docs/dsg-1-0.pdf)
* Refer to the Required Attachment Table below for the Schematic Design Submission requirements for Contingent Approval and the Design Development Submission requirements for Contingency Satisfaction.
  + Attachments must be labeled accordingly when uploading in NYSE-CON.
  + Do not combine the Narrative, Architectural/Engineering Certification form and FEMA BFE Certificate into one document.
  + If submitted documents require revisions, provide an updated Schedule 6 with the revised information and date within the narrative.

**Architecture/Engineering Narrative**

Narrative shall include but not limited to the following information. Please address all items in the narrative including items located in the response column. Incomplete responses will not be accepted.

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| --- | --- | --- | --- |
| **Project Description** | | | |
| Schedule 6 submission date:  Click to enter a date. | Revised Schedule 6 submission date:  Click to enter a date. | | |
| Does this project amend or supersede prior CON approvals or a pending application? Choose an item.  If so, what is the original CON number? Click here to enter text. | | | |
| Intent/Purpose:  Click here to enter text. | | | |
| Site Location:  Click here to enter text. | | | |
| Brief description of current facility, including facility type:  Click here to enter text. | | | |
| Brief description of proposed facility:  Click here to enter text. | | | |
| Location of proposed project space(s) within the building. Note occupancy type for each occupied space.  Click here to enter text. | | | |
| Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies:  Click here to enter text. | | | |
| If this is an existing facility, is it currently a licensed Article 28 facility? | | | Choose an item. |
| Is the project space being converted from a non-Article 28 space to an Article 28 space? | | | Choose an item. |
| Relationship of spaces conforming with Article 28 space and non-Article 28 space:  Click here to enter text. | | | |
| List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3.  Click here to enter text. | | | |
| Does the project involve heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems that involve modification or alteration of clinical space, services or equipment such as operating rooms, treatment, procedure rooms, and intensive care, cardiac care , other special care units (such as airborne infection isolation rooms and protective environment rooms), laboratories and special procedure rooms, patient or resident rooms and or other spaces used by residents of residential health care facilities on a daily basis? If so, please describe below.  Click here to enter text. | | | Choose an item. |
| Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc.  Click here to enter text. | | | |
| Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc.  Click here to enter text. | | | |
| Describe existing and or new work for fire detection, alarm, and communication systems:  Click here to enter text. | | | |
| If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from www.fema.gov, and describe the work to mitigate damage and maintain operations during a flood event. Click here to enter text. | | | |
| Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe the equipment to be provided and or replaced. Ensure physicist’s letter of certification and report are submitted.  Click here to enter text. | | | |
| Does the project comply with ADA? If no, list all areas of noncompliance.  Click here to enter text. | | | |
| Other pertinent information:  Click here to enter text. | | | |
| **Project Work Area** | | **Response** | |
| Type of Work | | Choose an item. | |
| Square footages of existing areas, existing floor and or existing building. | | Click here to enter text. | |
| Square footages of the proposed work area or areas.  Provide the aggregate sum of the work areas. | | Click here to enter text. | |
| Does the work area exceed more than 50% of the smoke compartment, floor or building? | | Choose an item. | |
| Sprinkler protection per NFPA 101 Life Safety Code | | Choose an item. | |
| Construction Type per NFPA 101 Life Safety Code and NFPA 220 | | Choose an item. | |
| Building Height | | Click here to enter text. | |
| Building Number of Stories | | Click here to enter text. | |
| Which edition of FGI is being used for this project? | | Choose an item. | |
| Is the proposed work area located in a basement or underground building? | | Choose an item. | |
| Is the proposed work area within a windowless space or building? | | Choose an item. | |
| Is the building a high-rise? | | Choose an item. | |
| If a high-rise, does the building have a generator? | | Choose an item. | |
| What is the Occupancy Classification per NFPA 101 Life Safety Code? | | Choose an item. | |
| Are there other occupancy classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans.  Click here to enter text. | | Choose an item. | |
| Will the project construction be phased? If yes, how many phases and what is the duration for each phase? Click here to enter text. | | Choose an item. | |
| Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plans.  Click here to enter text. | | Choose an item. | |
| Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? Click here to enter text. | | Choose an item. | |
| Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply.  Click here to enter text. | | Choose an item. | |
| Is there a companion CON associated with the project or temporary space?  If so, provide the associated CON number. Click here to enter text. | | Choose an item. | |
| Will spaces be permanently relocated to allow the construction of this project?  If yes, where will this space be? Click here to enter text. | | Choose an item. | |
| Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. Click here to enter text. | | Choose an item. | |
| Changes in the number of occupants?  If yes, what is the new number of occupants? Click here to enter text. | | Choose an item. | |
| Does the facility have an Essential Electrical System (EES)?  If yes, which EES Type? Click here to enter text. | | Choose an item. | |
| If an existing EES Type 1, does it meet NFPA 99 -2012 standards? | | Choose an item. | |
| Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text. | | Choose an item. | |
| Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description.  Click here to enter text. | | Choose an item. | |
| Does the project involve Bulk Oxygen Systems? If yes, provide brief description. Click here to enter text. | | Choose an item. | |
| If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems? | | Choose an item. | |
| Does the project involve a pool? | | Choose an item. | |

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| **REQUIRED ATTACHMENT TABLE** | | | |
| SCHEMATIC  DESIGN SUBMISSION  for  **CONTINGENT APPROVAL** | DESIGN DEVELOPMENT SUBMISSION  (State Hospital Code Submission)  for  **CONTINGENCY SATISFACTION** | **Title of Attachment** | **File Name**  **in PDF format** |
| ● |  | Architectural/Engineering Narrative | A/E Narrative.PDF |
| ● |  | Functional Space Program | FSP.PDF |
| ● |  | Architect/Engineer Certification Form | A/E Cert Form. PDF |
| ● |  | FEMA BFE Certificate | FEMA BFE Cert.PDF |
| ● |  | Article 28 Space/Non-Article 28 Space Plans | CON100.PDF |
| ● | ● | Site Plans | SP100.PDF |
| ● | ● | Life Safety Plans including level of exit discharge, and NFPA 101-2012 Code Analysis | LSC100.PDF |
| ● | ● | Architectural Floor Plans, Roof Plans and Details. Illustrate FGI compliance on plans. | A100.PDF |
| ● | ● | Exterior Elevations and Building Sections | A200.PDF |
| ● | ● | Vertical Circulation | A300.PDF |
| ● | ● | Reflected Ceiling Plans | A400.PDF |
| optional | ● | Wall Sections and Partition Types | A500.PDF |
| optional | ● | Interior Elevations, Enlarged Plans and Details | A600.PDF |
|  | ● | Fire Protection | FP100.PDF |
|  | ● | Mechanical Systems | M100.PDF |
|  | ● | Electrical Systems | E100.PDF |
|  | ● | Plumbing Systems | P100.PDF |
|  | ● | Physicist’s Letter of Certification and Report | X100.PDF |