

Date: _____

NYS Department of Health/Office of Health Insurance Programs
Division of Long Term Care
Bureau of Certification and Finance
875 Central Avenue
Albany, New York 12206-1331

Project Number:						
Applicant Name:						
Operator Name:						
Project Location:						
Project Description:						
Number of Beds:	AH	EHP	ALP	ALR	ALR/E	ALR/SN

To the New York State Department of Health:

I hereby certify that:

1. I have been retained by the above-named applicant, to provide third-party review services related to the design and working drawings/specifications for the above referenced construction project, and, as applicable, to make periodic visits to the site during construction, and perform such other required services to familiarize myself with the general progress, quality and conformance of the work.
2. I currently have no business or personal relationship with the applicant or the architect outside of performing the third-party review for this project.
3. I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed and constructed, in accordance with the functional program for the referenced construction project and in accordance with any project definitions, waivers or revisions approved or required by the New York State Department of Health.
4. The above-referenced construction project has been designed and constructed in compliance with: (1) the applicable provisions of the New York State Uniform Fire Prevention and Building Code (Article 18 of the Executive Law) and/or any other local or municipal law or rule governing construction and fire safety of buildings (such as the New York City Building Code); and, (2) applicable provisions of Title 18 NYCRR Part 485(General Provisions), Part 487 (Standards for Adult Homes), Part 488 (Standards for Enriched Housing), Part 494 (Assisted Living Program) or, if the project involves an Assisted Living Residence with Special Needs or Enhanced certification, 10 NYCRR Section 1001.13 (Assisted Living Residences) that are set forth in the attachment to this Architectural and Engineering letter of certification.
5. I understand that as the design of this project progresses, if a component of this project is inconsistent with applicable provisions of the New York State Uniform Fire Prevention and Building Code (Article 18 of the Executive Law) and/or any other local or municipal law or rule governing construction and fire safety of buildings (such as the New York City Building Code) or the applicable provisions of 18 NYCRR Parts 485, 487, 488, 494, or, if the project involves an assisted living residence with special needs or enhanced certification, 10 NYCRR Section 1001.13 the applicant's architect or I shall bring this to the attention of the Division of Long Term Care, New York State Department of Health prior to or upon submitting final drawings.

This certification is being submitted to facilitate the Adult Care Facility Certificate of Need review and subsequent formal plan approval by your office. It is understood that an electronic copy of final Construction Documents on CD must be submitted for all projects.

Project RA Information

Architectural Stamp

Signature of Applicant's Registered Architect (RA)

Name of Applicant's Registered Architect (Print)

Professional New York State License Number

Business Address

E-Mail Address

Third Party RA Information

Architectural Stamp

Signature of Third Party Registered Architect (RA)

Name of Third Party Registered Architect (Print)

Professional New York State License Number

Business Address

E-Mail Address

The undersigned applicant understands and agrees that, notwithstanding this architectural certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to verify any changes made by the project architect as required by the Division comply with the above- mentioned codes and regulations.

Applicant

Name (Print)

Title

Date

Notary signing required for the applicant

STATE OF NEW YORK)
) SS:
County of _____)

On the _____ day of _____ 20____, before me personally appeared _____ ,
to me known, who being by me duly sworn, did depose and say that he/she resides at _____ ,
that he/she is the _____ of the _____ ,
the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto
by order of the board of directors of said corporation.

(Notary)

Attachment to the Architectural and Engineering Letter of Certification

Below please indicate that the construction project meets all relevant requirements in the referenced sections of Title 18 NYCRR Parts 485, 487, 488, 494 or, if the project involves an Assisted Living Residence with Special Needs or Enhanced certification, 10 NYCRR Section 1001.13.

Title 18 NYCRR Part 485 (General Provisions)

- _____ 18 NYCRR sec. 485.6 (d) (19)
- _____ 18 NYCRR sec. 485.6 (d) (20)
- _____ 18 NYCRR sec. 485.6 (f) (3)
- _____ 18 NYCRR sec. 485.6 (g)
- _____ 18 NYCRR sec. 485.6 (h) (1)
- _____ 18 NYCRR sec. 485.6 (h) (3)
- _____ 18 NYCRR sec. 485.6 (h) (4)

Title 18 NYCRR Part 487 (Standards for Adult Homes)

- _____ 18 NYCRR sec. 487.8 (e) (5)
- _____ 18 NYCRR sec. 487.11 (b) (1)
- _____ 18 NYCRR sec. 487.11 (c)
- _____ 18 NYCRR sec. 487.11 (f) (1)–(17)
- _____ 18 NYCRR sec. 487.11 (g)
- _____ 18 NYCRR sec. 487.11 (h) (1)–(15), (19)
- _____ 18 NYCRR sec. 487.11 (i) (3), (12), (16)
- _____ 18 NYCRR sec. 487.11 (l)

Title 18 NYCRR Parts 488 (Standards for Enriched Housing)

- _____ 18 NYCRR sec. 488.11 (a)
- _____ 18 NYCRR sec. 488.11 (b) (2)
- _____ A building in which an enriched housing program is located must be in compliance with the requirements of the Uniform Fire Prevention and Building Code for an I-1 occupancy.
- _____ If in New York City, a building in which an enriched housing program is located must be in compliance with the City Building and Fire Protection Codes for the I-1 occupancy.
- _____ 18 NYCRR sec. 488.11 (d)
- _____ 18 NYCRR sec. 488.11 (e) (1)–(5), (9)–(11)
- _____ 18 NYCRR sec. 488.11 (f) (8)
- _____ 18 NYCRR sec. 488.11 (h)

Title 18 NYCRR Part 494 (Assisted Living Program)

- _____ 18 NYCRR sec. 494.7 (b)
- _____ 18 NYCRR sec. 494.7 (c)

Title 10 NYCRR Part 1001 (Applicable to Assisted Living Residences-with Enhanced or Special Needs Certification only)

- _____ 10 NYCRR Section 1001.13