



**CERTIFICATION LETTER FOR INSPECTING EXISTING BUILDINGS
FOR
ARCHITECTS/ENGINEERS**

Date:
CON Number:
Facility Name:
Facility ID Number:
Facility Address:

NYS Department of Health/Office of Health Systems Management
Center for Health Care Facility Planning, Licensure and Finance
Bureau of Architectural and Engineering Review
ESP, Corning Tower, 18th Floor
Albany, New York 12237

To The New York State Department of Health:

I hereby certify that:

1. I have been retained to evaluate the aforementioned facility for compliance with all applicable codes and regulations that are in effect at the time this application is being submitted.
2. I have ascertained that, to the best of my knowledge, information and belief, the existing structure is compatible with the programmatic features for the referenced project and in accordance with any project definitions, modifications and or revisions approved or required by the New York State Department of Health.
3. The above-reference structure is in compliance with all applicable local, state, and federal codes, statutes, and regulations, and the applicable provisions of the State Hospital Code -- 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):
 - a. 712 (Standards of Construction for General Hospital Facilities)
 - b. 713 (Standards of Construction for Nursing Home Facilities)
 - c. 714 (Standards of Construction for Adult Day Health Care Program Facilities)
 - d. 715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
 - e. 716 (Standards of Construction for Rehabilitation Facilities)
 - f. 717 (Standards of Construction for New Hospice Facilities and Units)

PLEASE NOTE ANY EXCEPTIONS HERE:

4. I understand that if upon evaluation of the facility a component is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the

attention of the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health for compliance resolution.

- 5. I understand non-article 28 areas, spaces, rooms and facilities being converted to Article 28 facilities shall be evaluated and shall be brought into compliance for new construction standards as indicated with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717 shall be met.
- 6. I understand that upon completion of evaluation, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

This certification is being submitted to facilitate the CON review and subsequent to formal plan approval by your office.

Project Name: _____

Location: _____

Description: _____

Signature of NYS Licensed Architect/Engineer

Name of Architect/Engineer (Print)

Professional New York State License Number

Business Address

**Architectural or Engineering Professional
Stamp**

The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering certification the Department of Health shall have continuing authority to (a) review the plans in existence and/or inspect the project with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Department to comply with existing and future codes and regulations.

Authorized Signature for Applicant

Date

Name (Print)

Title

Notary signing required for the applicant

STATE OF NEW YORK

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) SS:

County of _____

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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) _____