



ARCHITECT'S OR ENGINEER'S LETTER OF SELF-CERTIFICATION FOR USE WITH A CONSTRUCTION NOTICE

(This Form Is To Be Used Only for Minor Projects That Do Not Require the Submission of CON Schedules)

Date: _____

Re: Facility Name: _____
Facility Location: _____
Project Description: _____

To The New York State Department of Health:

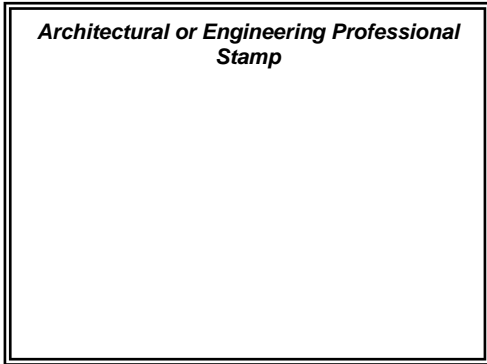
I hereby certify that:

- 1. I have been retained by the above-named facility to provide services related to the design and preparation of working drawings and 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. To the best of my knowledge, information and belief, the structure will be designed and constructed in accordance with the functional program for the referenced construction project, consistent with the standards set forth in 10 NYCRR Part 711, and in accordance with any project definitions, waivers or revisions approved or required by the New York State Department of Health.
3. The above-referenced construction project will be designed and constructed in compliance with all applicable local 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)
4. I understand and agree that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I will bring this to the attention of Bureau of Architectural and Engineering Facility Planning of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.
5. I further attest that the above-named facility has authorized me to make this certification.

Project Name: _____

Location: _____

Description: _____



Signature of Architect or Engineer

Name of Architect or Engineer (Print)

Professional New York State License Number

Business Address

The undersigned applicant understands and agrees that, notwithstanding this certification, the Department of Health shall have continuing authority to: (a) review all architectural and engineering plans and to inspect the project to ensure compliance with the above-mentioned technical standards; and (b) withdraw its approval of the application for failure to comply with such standards. I understand that I have a continuing obligation to make any changes required by the Department to comply with existing and future codes and regulations.

The undersigned applicant further understands and agrees that upon completion of construction, 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.

Authorized Signature for Applicant

Date

Name (Print) Title

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 _____