

New York State Department of Health Certificate of Need Application

Schedule 6

Architectural Submission

This Schedule applies to projects with construction, including Articles- 28, 36 & 40, i.e., Hospitals, D&TCs, RHCs, CHHAs, LTHHCPs and Hospices.

		Architecture Attachment	Architecture Attach A PDF
	Example: - attachment in PDF format		
A.	<p>Architectural narrative that delineates the project scope of the work to meet the determined program needs, including functional space requirements.</p> <p>The following are suggestions to include in your narrative, should they pertain to your project:</p> <ul style="list-style-type: none"> • Intent/Purpose • Describe existing physical plant conditions in area of work • Identify spaces that are considered multi-function space • Changes in capacity: beds / occupants • Exceptions to the referenced standards, potential life safety compliance and/or functionality issues • Innovative approaches and or alternate means of compliance • Article 28 space adjacent to non-Article 28 space 	Please refer to the Schedule 6 Attachment	N/A
B.	Schematic Design drawings that complement the architectural narrative. Submit electronic (via NYSE-CON) and hardcopy drawings using appropriate design guidelines submission requirements.	Please refer to the Schedule 6 Attachment	N/A
C.	Please select, complete, and submit the appropriate Certification Letter from the following link: Architect's or Engineer's Letter of Certification	Please refer to the Schedule 6 Attachment	N/A
D.	<p>Projects involving the following facility types: Diagnostic Radiology, Computed Tomography (CT) Facilities, Interventional Imaging, Radiation Therapy Facilities, Proton Therapy, Nuclear Medicine and/or Magnetic Imaging Facilities</p> <p style="text-align: center;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide Physicist's Report and respective drawings must be attached for Design Development.</p>	Please refer to the Schedule 6 Attachment (Per the architect's discussion with Mr. Ammon, MRI Cert Letter is not being provided)	N/A
E.	<p>Flood zone location? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please provide a FEMA BFE Certificate from the FEMA website link www.fema.gov.</p>	N/A	N/A

Instructions: Attachments should be saved as PDF documents. The PDF document should be assigned a unique name, so it will not be confused with any other attachment. The title of the attachment, and name of the attached PDF file should be entered in the table below.

SCHEDULE 6 ATTACHMENT

MOHAWK VALLEY HEALTH SYSTEM

ARCHITECTURAL DOCUMENTATION*

1. Architectural Narrative
2. Structural Narrative
3. MEP Narrative
4. Life Safety Code Checklist
5. Occupancy Load Calculations
6. Behavioral Health Product Standards (for NYSOMH)
7. Architect/Applicant Letter of Certification
8. Physicist Letter of Certification
9. PDF of Service Yard Plan
10. PDF of Schematic Drawing