



**REGULATORY LICENSING UNIT, ARCHITECTURAL REVIEW GROUP
APPLICATION FOR INSPECTION**

www.dshs.state.tx.us/hfp/

Tel: (512) 834-6649 Fax: (512) 834-6620

Application # : _____
 Budget **ZZ122**
 Fund **152**
 Remittance # : _____

1. Please check the type of facility			
<input checked="" type="checkbox"/>	Facility Type	Inspection Fees	Fees paid to the department are not refundable. Fees are payable by check or money order to: Mail applications with checks to: Texas Dept of State Health Services Architectural Review Group Delivery Code 2835/MC-2003 P.O.BOX 149347 Austin, Texas 78714-9347 Mail applications without checks to: Texas Dept of State Health Services Architectural Review Group Delivery Code 2835 P.O.BOX 149347 Austin, Texas 78714-9347 (or fax to 512/834-6620)
	General Hospital	\$500.00 for each inspection	
	Special Hospital	\$500.00 for each inspection	
	Psychiatric Hospital or Crisis Stabilization Unit	\$500.00 for each inspection	
	Special Care Facility	\$500.00 for each inspection	
	Ambulatory Surgery Center	No inspection fee. However, inspection cannot be scheduled if facility has not submitted application & fee for initial license.	
	End Stage Renal Disease Center		
	Freestanding Emergency Center		

2. Facility Name:		License No.:	
Address:			
E-mail Address:		Phone No.:	Fax No.:

3. Architectural Firm:			
Address:			
E-mail Address:		Phone No.:	Fax No.:

4. Project Description:			

5. Person to contact to schedule inspection:			
Firm:		Phone No.:	Fax No.:

6. Please check type of inspection and indicate date requested for inspection. (Request must be received at least 3 weeks prior to requested inspection date.) To expedite posting of inspections, you may fax a copy of this form and a copy of your check (if applicable) to the Architectural Review Group. Fax No. (512) 834-6620			
Type of Inspection Requested. (✓) Check below		Inspection Date Requested:	
<input type="checkbox"/> Intermediate <input type="checkbox"/> Preconstruction (<i>hosp only</i>) <input type="checkbox"/> Final <input type="checkbox"/> Reinspection			

7. Phase of project to be inspected (if phased): Phase _____ of _____			
---	--	--	--

8. Construction Starting Date:		Estimated Completion Date:	
--------------------------------	--	----------------------------	--

Signature:		Date:	
------------	--	-------	--