



Revised January 16, 2013

DCH PROGRAM NARRATIVE

PLEASE PRINT OR TYPE ALL INFORMATION

THIS FORM SHALL BE SUBMITTED WITH CONSTRUCTION PLANS SUBMITTED FOR FINAL REVIEW AND APPROVAL

FAILURE TO FILL IN ALL ITEMS MAY DELAY ACCEPTANCE OF FINAL PLANS FOR REVIEW AND APPROVAL.

Date Submitted:
PLANS WILL NOT BE LOGGED IN FOR REVIEW PRIOR TO ANY REQUIRED CON, LNR OR DET APPROVAL.

Facility Name:

Project Name:

DCH Project Authorization: (Include copy of approval letter with drawings when submitting for final approval)
CON Project Number/Date Issued
DET Request/Date Issued
LNR/Date Issued

If a CON, DET or LNR is not required please describe the project below:

Estimated Construction Cost:

Estimated Start of Construction:

Estimated End of Construction:

Owners Signature:
(Not the Architect) OWNER SIGNATURE
PRINT NAME

Notary statement and seal:
NOTARY SIGNATURE
PRINT NAME

CON = Certificate of Need and is issued to Hospitals, Nursing Homes and Ambulatory Surgery Centers.
DET = Determination Request, an official letter from DCH stating project does not require a CON.
LNR-ASC = Letter of Non-Reviewability for Physician Owned Single Specialty Ambulatory Surgery Centers with project costs less than the current CON Thresholds.
LNR-EQT = Letter of Non Reviewability for Equipment purchases less than the current CON thresholds.

DCH USE ONLY DATE REC'D PROJECT #