DCH PROGRAM NARRATIVE
INCLUDE WITH PLANS SUBMITTED FOR FINAL REVIEW

Date Submitted: ____________________

PLANS WILL NOT BE LOGGED IN FOR FINAL REVIEW PRIOR TO ANY REQUIRED DCH PROJECT AUTHORIZATION

Facility Name: ____________________________________________________________

Project Name: _____________________________________________________________

DCH PROJECT AUTHORIZATION: INCLUDE COPY WITH PLANS SUBMITTED FOR FINAL REVIEW

Certificate of Need (CON), Letter of Non Reviewability (LNR), Determination Letter (DET)

Number(s): __________________________ Date Issued: ________________

Project Description: _______________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Estimated Construction Cost: __________________________

Estimated Construction Start: _________________ Estimated Completion: __________

Owners Name: __________________________        ______________________________

Signature                                                        Print

Notary Name: _______________________________

Signature

Notary Seal

DCH USE ONLY          Date Received:          Project Number:

Revised July 01, 2021