



# 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:
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