

Submit to: Georgia Department of Community Health
Office of Health Planning - Plans Review Unit
2 MLK King Jr. Drive, East Tower, 16th Floor
Atlanta, Georgia, 30334
bistra.spirieva@dch.ga.gov
maya.jensen@dch.ga.gov

Revised 12/14/2023

DCH PROGRAM NARRATIVE

INCLUDE WITH PLANS SUBMITTED FOR FINAL REVIEW

PLANS WILL NOT		OR TO ANY REQUIRED DCH PROJECT AUTHORIZATION
Facility Name:		
Project Name:		
DCH PROJECT	AUTHORIZATION: INCLUDE COPY N	WITH PLANS SUBMITTED FOR FINAL REVIEW
Cert	tificate of Need (CON), Letter of Non	Reviewability (LNR), Determination Letter (DET)
Number(s): _		Date Issued:
Project Descri	ption:	
Estimated Cor	nstruction Cost:	
Estimated Cor	nstruction Start:	Estimated Completion:
Ourners Name		
Owners Name	: Signature	Print
Notary Name:		
	Signature	
	Nota	ary Seal
DCH USE ONLY	Date Received:	Project Number: