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 August 31, 2020