



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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