

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 maya.jensen@dch.ga.gov

Revised 10/22/2024

DCH PROGRAM NARRATIVE INCLUDE WITH PLANS SUBMITTED FOR FINAL REVIEW

Date Submitted:		
PLANS WILL NOT I	BE LOGGED IN FOR FINAL REVIEW PRIOR T	O 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 Cor	struction Cost:	
Estimated Construction Start: Estimated Completion:		
Owners Name:		
<u> </u>	Signature	Print
Notary Name:	Signature	
Notary Seal		
DCH USE ONLY	Date Received:	Project Number: