



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) Project Number: _____	Date Issued: _____
Letter of Non Reviewability	(LNR-ASC) Project Number: _____	Date Issued: _____
	(LNR-EQT) Project Number: _____	Date Issued: _____
Determination Letter	DET Project Number: _____	Date Issued: _____

Project Description: _____

Estimated Construction Cost: _____

Estimated Construction Start: _____

Estimated Completion: _____

Owners Name: _____

Signature

Print Name

Notary Name: _____

Signature

Print Name

Notary Seal

DCH USE ONLY	Date Received: _____	Project Number: _____
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