



November 24, 2004

Mr. Scott A. Barber
Lott + Barber Architects
110 East President Street
Suite 300
Savannah Georgia 31401

RE: GEORGIA COMMUNITY HEALTH - CONSTRUCTION PERMIT
(This permit is void if construction has not begun within six months from date of issue)

CHATHAM-21W

Med Records/Gift shop/Family Wait/Non-Invasive Cardiology Renovations
St. Joseph's Hospital
Savannah Georgia

Dear Mr. Barber,

The construction documents for the above referenced project, which were received on October 25, 2004, appear to comply with hospital standards and are approved for construction. Please return the enclosed 100% inspection request form approximately 21 days prior to completion so that we may schedule our final inspection.

Please note these plans are also subject to the review and approval of the following agencies.

- 1] State Fire Marshals office, [404] 656-7087.
- 2] Local Building, Fire and Health authorities [where required]

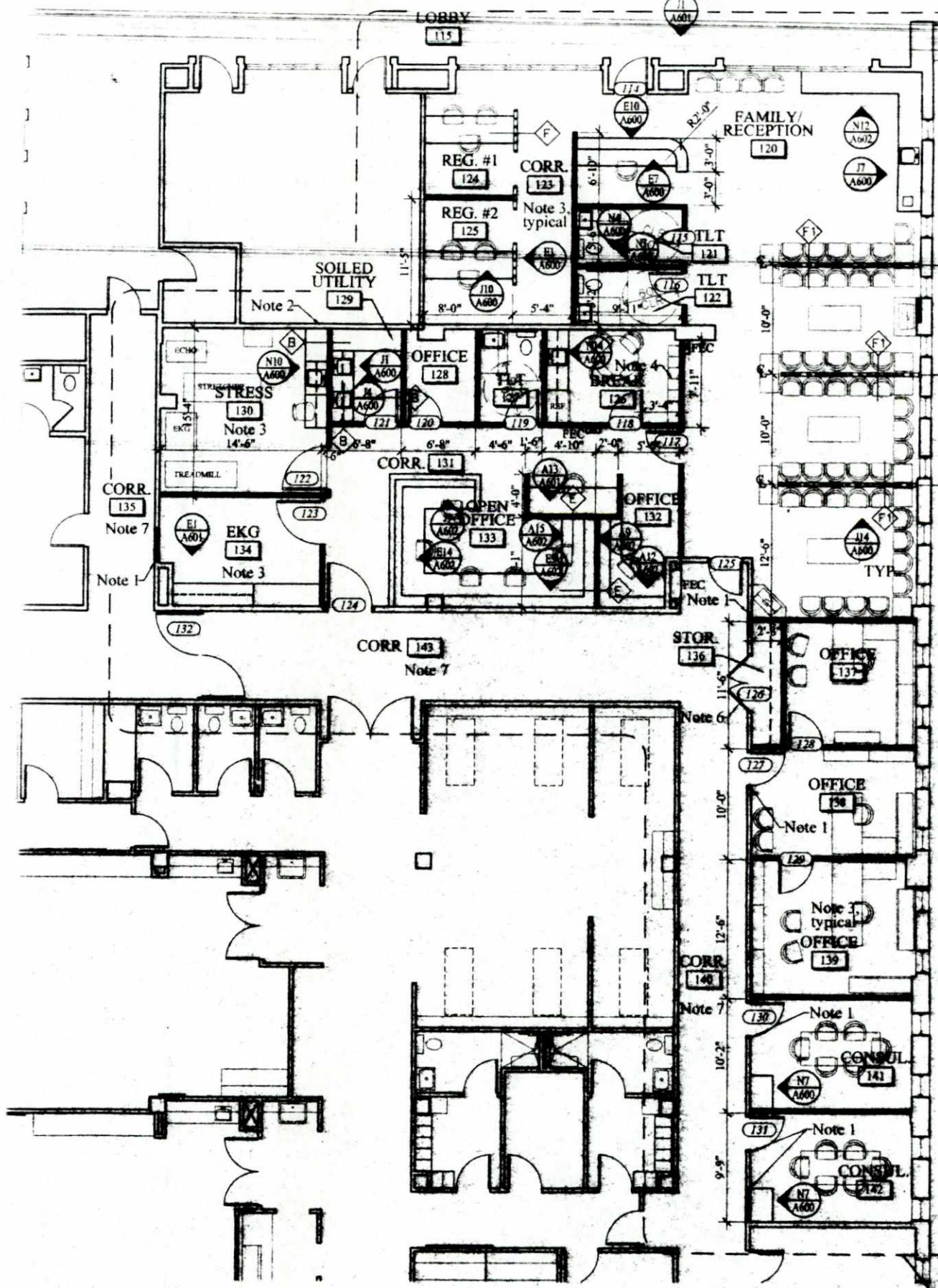
Upon receipt of the above agencies approvals please submit copies for our records.

If I can be of any further assistance please contact me at [404] 656-0457.

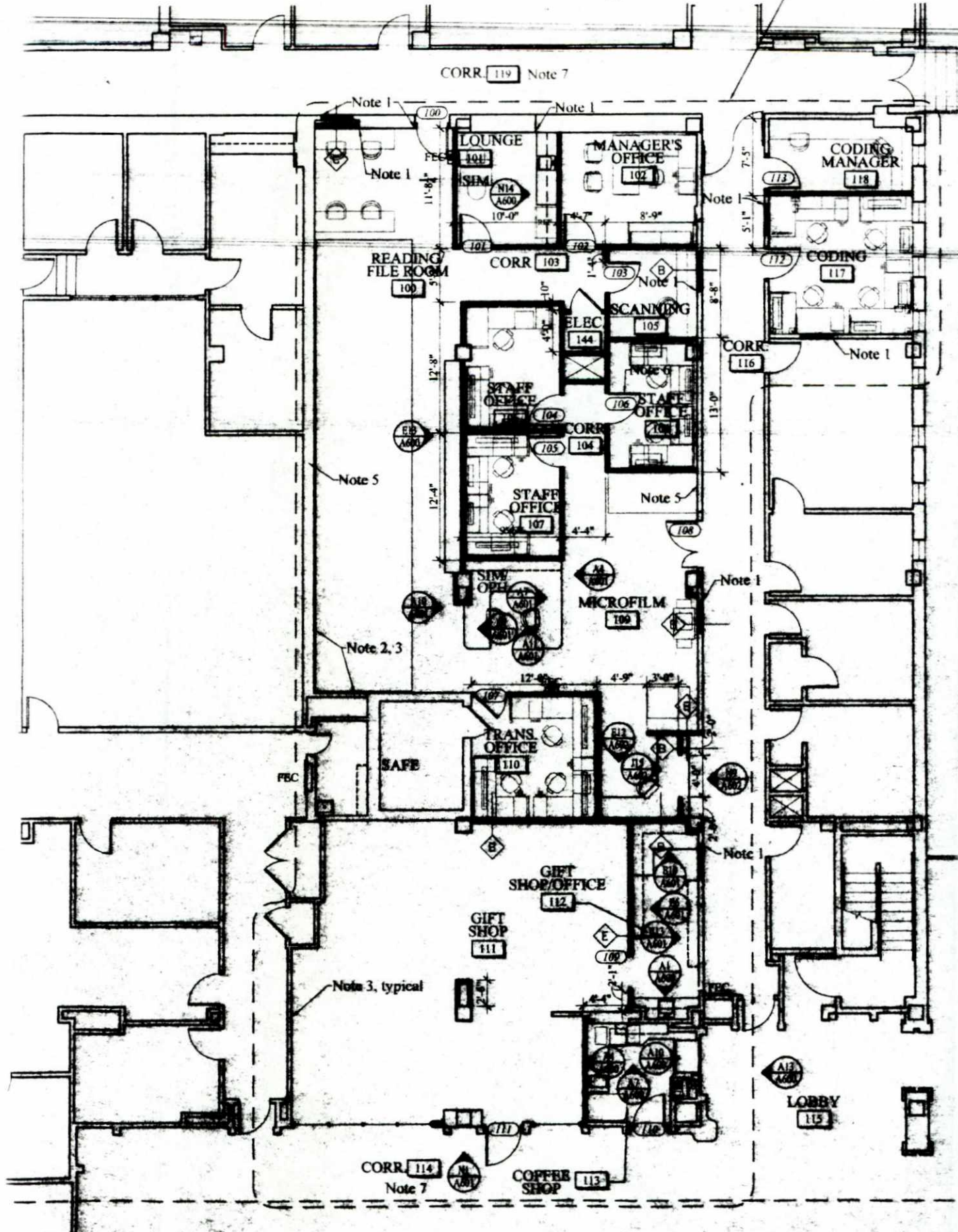
Sincerely,

G. Erik Hotton Jr.
Architect

cc: Health Care Section (ORS)
Mike Mobley, St. Joseph's Hospital



PROJECT LIMITS
PHASE I





CHATHAM-21841
10-25-04

PLANS TRANSMITTAL LETTER

PLEASE COMPLETE ALL OF THE FOLLOWING

DATE SUBMITTED: 10/22/04 (MINIMUM 45 DAYS PRIOR TO START OF CONSTRUCTION)

CERTIFICATE OF NEED NUMBER N/A (SEE CHECKLIST BELOW)

FACILITY NAME: St. Joseph's Hospital

PROJECT NAME: Medical Records / Gift Shop Relocation and Family Waiting / Non-Invasive
Cardiology Renovation

STREET ADDRESS: 11705 Mercy Boulevard

CITY Savannah GEORGIA ZIP CODE 31419 COUNTY Chatham

CONTACT PERSON: Mike Mobley PHONE NUMBER 912-819-2006

OWNERS NAME: St Joseph's / Candler Health Systems

OWNERS ADDRESS: 11704 Mercy Boulevard

CITY Savannah STATE GA ZIP CODE 31419

CONTACT PERSON: Mike Mobley PHONE NUMBER 912-819-2006

SUBMITTED BY: (COMPANY NAME) Lott + Barber Architects

MAILING ADDRESS: 110 East President Street, Suite 300

CITY Savannah STATE Georgia ZIP CODE 31401

CONTACT PERSON: Scott A. Barber, AIA PHONE NUMBER 912-234-5230

TYPE OF FACILITY

HOSPITAL: X NURSING HOME: _____ AMBULATORY SURGERY: _____

PURPOSE OF SUBMISSION

PRELIMINARY / DESIGN DEVELOPMENT REVIEW _____ FINAL REVIEW X

ADDENDUM: _____ REVISIONS: _____

CONSTRUCTION COST: \$435,000 SQUARE FOOTAGE: 7231

EQUIPMENT COST: None

START OF CONSTRUCTION: 11/15/04 (MINIMUM 45 DAYS AFTER PLAN SUBMISSION)

ESTIMATED COMPLETION: 2/15/05

**PLANS AND SPECIFICATIONS FOR FINAL APPROVAL
SHALL BE SUBMITTED A MINIMUM OF 45 DAYS
PRIOR TO START OF CONSTRUCTION**

SUBMITTAL CHECKLIST

SHPA TRANSMITTAL LETTER: X ONE SET OF PLANS: X
COPY OF CON APPROVAL: N/A OR LETTER OF NON REVIEWABILITY: _____

IF EXEMPT FROM CON REVIEW PROVIDE CERTIFIED LETTER FROM OWNER STATING WHY THIS PROJECT IS EXEMPT.