



October 07, 2003

Mr. Bryan Swilley
Wellstar - Kennestone Hospital
675 Campbell Hill Road
Marietta Georgia 30060

RE: GEORGIA COMMUNITY HEALTH - OCCUPANCY PERMIT

COBB-35 WW

Employee Health Relocation
Wellstar - Kennestone Hospital
Marietta Georgia

Dear Mr. Swilley

An inspection of the above referenced project, on October 6, 2003, revealed that construction had been completed and appeared to be in compliance with Hospital standards. Nothing was noted as requiring the attention of the Architect, Engineers or Owner at this time.

This office will have no objection to the occupancy and utilization of this project. Copies of the following agencies approvals were provided during our inspection:

- 1] State Fire Marshals office.
- 2] Local Building authority.

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

Sincerely,

G. Erik Hotton Jr.
Architect

CC: Health Care Section (ORS)
Samer Hamde, CDH Partners, Inc.



City of Marietta

205 Lawrence Street
Marietta, Georgia 30060
(770) 794-5659

PERMIT

EMP HEALTH

CERTIFICATE OF COMPLETION
CITY OF MARIETTA

Building Inspection Division

Fire Prevention Bureau

Location of Building: 30 S MEDICAL DR A

Major Occupancy: ASSEMBLY

Construction type: NEEDS UPDATING

Building Height: 6 STORY

Ground Floor Area: 2858 S.F.

Sprinklered: *yes*

2000 IBC

I certify that the work described in permit # 03-00000768 has been inspected and has been completed satisfactorily and in compliance with the applicable codes in the City of Marietta.

In addition to the major occupancy, the building is approved for:

The maximum number of persons permitted to occupy each floor is:

The maximum permissible live load on each floor is: *50 P.S.F.*

Date 07-31-03

Hal Cooper

Inspector of Buildings

Date 07-31-03

[Signature]

Fire Marshal



SAFETY FIRE DIVISION
 Suite 620 West Tower
 No.2 Martin Luther King Jr. Drive
 Atlanta, Georgia 30334

JOHN W. OXENDINE

COMMISSIONER OF INSURANCE
 SAFETY FIRE COMMISSIONER
 INDUSTRIAL LOAN COMMISSIONER
 COMPTROLLER GENERAL

Employee Health Protection

If changes occur, please check appropriate box:

File No. 33-405-5

Name of Building WPI STAR Name of Building Bldg F

Address 30 SAVANNAH MEDICAL DR Mobile/Portable Serial No. NA

City ATLANTA State GA Zip 30060 Company Name WPI STAR Kennesaw Hosp

Physical Location BLDG F - 1st floor Owner WPI STAR HEALTH SYSTEM

Facility Phone # 770-793-6900 Address 695 CROSSLAND DR

City ATLANTA State GA Zip 30060 City ATLANTA State GA Zip 30060

Owner Phone # 770-793-6900 Owner Phone # 770-793-6900

Type of Inspection: <u>combined</u>		Standard used:		Admin. Info:	
<input checked="" type="checkbox"/> 80%	<input checked="" type="checkbox"/> 100%	<input type="checkbox"/> Pre 1948	<input type="checkbox"/> 1948 BEC	C.P. No. <u>16-203-5</u>	C.O. No. <u>30070</u>
<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> 1991 LSC	<input checked="" type="checkbox"/> 1997 LSC	Date Issued <u>5-29-3</u>	# of current violations <u>2</u>
<input type="checkbox"/> Follow-up	Fee _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> New	Last inspection by <u>NA</u>	# violations last inspected <u>NA</u>
<input type="checkbox"/> Special Request	<input type="checkbox"/> Written <input type="checkbox"/> Verbal		<input type="checkbox"/> Existing	Date last inspected <u>NA</u>	
<input type="checkbox"/> Consultation	<input type="checkbox"/> Complaint				

Description of Facility:	Use Condition	Construction Type	Sprinklers:
Type Occupancy <u>HOS</u>	<input type="checkbox"/> I	<input type="checkbox"/> I (4,4,3)	<input type="checkbox"/> None
Occupant Load _____	<input type="checkbox"/> II	<input type="checkbox"/> I (3,3,2)	<input type="checkbox"/> Partial
Sq. Ft. area <u>2,858</u>	<input type="checkbox"/> III <u>NA</u>	<input type="checkbox"/> II (3,3,2)	<input checked="" type="checkbox"/> Total
# of beds <u>NA</u> # of stories <u>3</u>	<input type="checkbox"/> IV	<input type="checkbox"/> II (2,2,2)	Basement:
	<input type="checkbox"/> V	<input checked="" type="checkbox"/> II (1,1,1)	<input type="checkbox"/> Yes
		<input type="checkbox"/> V (0,0,0)	<input checked="" type="checkbox"/> No

Deficiency Type	Compliance			Deficiency Type	Compliance		
	Y	N	NA		Y	N	NA
1. Number of exits	X			8. Detection, alarm, communication systems	X		
2. Means of egress of approved type		X		9. Extinguishment systems	X		
3. Travel distance to exits	X			10. Construction type requirements	X		
4. Exit signs		X		11. Compartmentation requirements	X		
5. Emergency lighting	X			12. Electrical systems	X		
6. Vertical openings protection	X			13. HVAC systems	X		
7. Interior finish	X			14. Other	X		

Accompanied by: Dominic Innocente

This acknowledges the ownership of this facility is as stated above; and this acknowledges that an exit interview was given; that I understand the terms and conditions of the NOTICE below; and that I have/have not received a copy of this report.

Dominic Innocente _____ Title _____ Signature _____ Date _____

This acknowledges that I accompanied the Fire Safety Compliance Officer making this report.

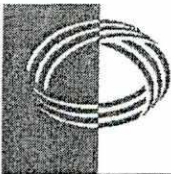
_____ Title _____ Signature _____ Date _____

NOTICE: All deficiencies and/or violations noted above and on the attached pages shall be corrected immediately in order for this facility to comply with O.C.G.A. Title 25, Chapter 2. This report shall be returned to the Safety Fire Division office within 30 days indicating the deficiencies and/or violations noted have been corrected by initialing and dating each item. If all items are not corrected, a plan of correction shall be attached and submitted to this office within 30 days. Failure to correct the noted deficiencies and/or violation is a violation of the Georgia Safety Fire Law. Follow-up inspection fees of \$100 or \$150 will be charged and due payable in advance for second, third and subsequent inspections as specified in Code Section 25-2-4.1.

No visual violations were noted. Recommend issuance of Certificate of Occupancy A follow-up inspection is scheduled to be conducted in approximately 30 days.

Copy of report left: Yes No

Page 1 of 2 By: Samuel A Brachman 7/23/3
 Fire Safety Compliance Officer Date



May 29, 2003

Mr. Samer Hamde
CDH Partners, Inc.
675 Tower Road
Marietta Georgia 30060

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

COBB-35 WW

Employee Health Relocation
Wellstar - Kennestone Hospital
Marietta Georgia

Dear Mr. Hamde,

The construction documents for the above referenced project, which were received on May 29, 2003 appear to comply with hospital standards and are approved for construction. Please notify us upon completion of this project so that I may close out this file. No final inspection of this project, by my office, will be required prior to occupancy.


Please note these plans may also be 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]

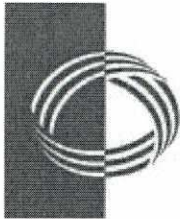
Upon receipt of the above agencies approvals (construction permit, final inspections and certificates of occupancy) please submit copies for our records.

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)
Bryan Swilley, Wellstar - Kennestone Hospital



**GEORGIA DEPARTMENT OF
COMMUNITY HEALTH**

G. ERIK HOTTON JR., ARCHITECT
Georgia Department of Community Health
Office of General Council
34th Floor
2 Peachtree Street, NW
Atlanta, Georgia 30303-3159
404/656-0457

Revised June 1, 2002

PLANS TRANSMITTAL LETTER

PLEASE COMPLETE ALL OF THE FOLLOWING

DATE SUBMITTED: 05.28.2003 (MINIMUM 45 DAYS PRIOR TO DESIRED START OF CONSTRUCTION)
CERTIFICATE OF NEED NUMBER: N/A (SEE CHECKLIST BELOW)

FACILITY NAME: Wellstar - Employee Health
PROJECT NAME: Employee Health Relocation
STREET ADDRESS: 30 South Medical Drive Bldg F 2nd Floor
CITY: Marietta, GEORGIA ZIP CODE: 30060- COUNTY: Cobb
CONTACT PERSON: Bryan Swilley PHONE NUMBER: (770) 793-6846

OWNER'S NAME: Wellstar Health System
OWNER'S ADDRESS: 675 Campbell Hill St.
CITY: MARIETTA STATE: GA ZIP CODE: 30060-
CONTACT PERSON: Bryan Swilley PHONE NUMBER: (770) 793-6846

SUBMITTED BY (COMPANY NAME): CDH Partners Inc.
MAILING ADDRESS: 675 Tower Road
CITY: Marietta STATE: GA ZIP CODE: 30060-6958
CONTACT PERSON: Samer Hamde PHONE NUMBER: 678-784-3473

TYPE OF FACILITY

HOSPITAL: NURSING HOME: AMBULATORY SURGERY CENTER:

PURPOSE OF SUBMISSION

PRELIMINARY /DESIGN DEVELOPMENT REVIEW: FINAL REVIEW:
ADDENDUM: REVISIONS:

CONSTRUCTION COST: \$65,000.00 SQUARE FOOTAGE: 2,858 S.F.
EQUIPMENT COST: N/A
START OF CONSTRUCTION: June 21, 2003 (MINIMUM 45 DAYS AFTER PLAN SUBMISSION)
ESTIMATED COMPLETION: Aug 02, 2003

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

SUBMITTAL CHECKLIST

PLANS TRANSMITTAL LETTER: _____ ONE SET OF PLANS: _____
COPY OF CON APPROVAL: _____ or LETTER OF NON REVIEWABILITY: _____
*IF EXEMPT FROM CON REVIEW PROVIDE NOTERIZED LETTER FROM OWNER
STATING WHY THIS PROJECT IS EXEMPT.*

