



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

Submit to:

Georgia Department of Community Health
Healthcare Facility Regulation Division
Health Planning Section - Plans Review Unit
5th Floor, 2 Peachtree Street, NW
Atlanta, Georgia 30303-3159
chotton@dch.ga.gov
ewilkins@dch.ga.gov
FAX 770/344-4282

Revised January 16, 2013

DCH PLANS TRANSMITTAL LETTER

PLEASE COMPLETE ALL OF THE FOLLOWING and PROVIDE ACTIVE MAILING ADDRESSES

DATE SUBMITTED: 3-12-2015 (MINIMUM 45 DAYS PRIOR TO DESIRED START OF CONSTRUCTION)
CON, LNR or DET NUMBER: N/A (REQUIRED - SEE CHECKLIST BELOW)

FACILITY NAME: Northside Hospital
PROJECT NAME: Radiology Recovery Modular Unit
STREET ADDRESS: 1000 Johnson Ferry Rd, NE
CITY: Atlanta, GEORGIA ZIP CODE: 30342 COUNTY: Fulton
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) Mr. Carlos Washington PHONE NUMBER: 404-787-1863
E-MAIL: Carlos.Washington@northside.com

OWNER: (COMPANY NAME) Northside Hospital
MAILING ADDRESS: 1000 Johnson Ferry Rd, NE
CITY: Atlanta STATE: Georgia ZIP CODE: 30342
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) Mr. Brian Toporek PHONE: 404-851-6821
E-MAIL: Brian.Toporek@Northside.com

SUBMITTED BY: (COMPANY NAME) AE Design
MAILING ADDRESS: 2130 Kingston Ct, STE 'E'
CITY: Marietta STATE: GA ZIP CODE: 30067
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) Mr. Jonathan Colvin PHONE: 770-644-9200
E-MAIL: jonathan

? Are you the: Architect Owner Consultant Contractor Other

Daniel S.K. Chang 3595
Name & Georgia Registration Number of Architect or Engineer of Record

TYPE OF FACILITY

HOSPITAL: NURSING HOME: AMBULATORY SURGERY CENTER: OTHER:

PURPOSE OF SUBMISSION

PRELIMINARY or DESIGN DEVELOPMENT REVIEW: ADDENDUM:
FINAL REVIEW and CONSTRUCTION PERMIT: REVISIONS:

Estimated Construction Cost: \$400,000 Total Square Footage of Project: 1,768 sf
Estimated Start of Construction: April 2015 4/30 Estimated Completion: May 2015 5/3

*Specifications and Structural Drawings are not required.
(Include any Door, Hardware or Finish Schedules from Specifications.)*

CHECKLIST OF ITEMS TO BE INCLUDED WITH FINAL PLAN REVIEW SUBMITTAL

FAILURE TO SUBMIT ALL ITEMS BELOW MAY DELAY ACCEPTANCE OF FINAL PLANS FOR REVIEW AND APPROVAL

(Plans will not be logged in for final review prior to CON, LNR or DET approvals)

- 1) DCH PLANS TRANSMITTAL LETTER
- 2) DCH PROGRAM NARRATIVE
- 3) ONE SET OF CONSTRUCTION PLANS - SIGNED & SEALED AS REQUIRED By Georgia Law
- 4) AN ELECTRONIC COPY OF THE PLANS ON CD or DVD (ADOBE .PDF FORMAT)
- 5) A COPY OF ANY REQUIRED DCH REGULATORY APPROVAL LETTER: CON , LNR or DET

DCH USE ONLY: Date Received: 3/13/15 DCH Project Number: FULTON-1471NN