



DCH PLANS TRANSMITTAL LETTER

PLEASE COMPLETE ALL OF THE FOLLOWING and PROVIDE ACTIVE MAILING ADDRESSES

DATE SUBMITTED: 9/12/2013 (MINIMUM 45 DAYS PRIOR TO DESIRED START OF CONSTRUCTION)
CON, LNR or DET NUMBER: LNR-EQT2013-018 (REQUIRED - SEE CHECKLIST BELOW)

FACILITY NAME: REAGAN MEDICAL CENTER
PROJECT NAME: MRI SUITE
STREET ADDRESS: 2878 FIVE FORKS TRICKUM ROAD, STE 1A
CITY: LAWRENCEVILLE, GEORGIA ZIP CODE: 30044 -5896 COUNTY: WINNETT
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) MR ROBERT EDWARDS PHONE NUMBER: 770-337-2963
E-MAIL: BRAVESFAN158@YAHOO.COM

OWNER: (COMPANY NAME) REAGAN MEDICAL, LLC
MAILING ADDRESS: 2878 FIVE FFORKS TRICKUM ROAD, STE 2A
CITY: LAWRENCEVILLE STATE: GA ZIP CODE: 30044
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) MR ROBERT EDWARDS PHONE: 770-337-2963
E-MAIL: BRAVESFAN158@YAHOO.COM

SUBMITTED BY: (COMPANY NAME) CHUCK GRAD, AIA-ARCHITECT, PC
MAILING ADDRESS: 196 17TH ST NE
CITY: ATLANTA STATE: GA ZIP CODE: 30309
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) MR CHARLES GRAD PHONE: 404-876-3454
E-MAIL: CHUCK@CHUCKGRAD.COM

? Are you the: Architect Owner Consultant Contractor Other

CHARLES GRAD RA-003251
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: - DRAWINGS REVISED PER PSH REVIEW OF 8/16/2013 REVISIONS: _____

Estimated Construction Cost: \$10,000 Total Square Footage of Project: 478
Estimated Start of Construction: 9/12/2013 Estimated Completion: 10/14/2013

*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: <u>9/12/13</u>	DCH Project Number: <u>WINNETT-02</u>
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