

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
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cwilkins@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

LAID FOTOSIO OI	(MINIMUM 45 DAYS PRIOR TO DESIRED START OF CONSTRUCTION)
CON, LNR or DET NUMBER: LNR-EQT2013-01	8 (REQUIRED - SEE CHECKLIST BELOW)
FACILITY NAME: REAGAN MEDICAL CEN	ITER
PROJECT NAME: MRI SUITE	
STREET ADDRESS: 2878 FIVE FORKS TRICK	UM ROAD, STE 1A
CITY: LAWRENCEVILLE , GEORGIA	ZIP CODE: 30044 -5896 COUNTY: GWINNETT BERT EDWARDS PHONE NUMBER: 770-337-2963
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) MR RO	BERT EDWARDS PHONE NUMBER: 770-337-2963
E-MAIL	: BRAVESFAN158@YAHOO.COM
OWNER: (COMPANY NAME) REAGAN MED	DICAL, LLC
MAILING ADDRESS: 2878 FIVE FFORKS TRIC	CKUM ROAD, STE 2A
CITY: LAWRENCEVILLE CONTACT PERSON: (Dr./Mr./Mrs./Ms.)MR RO	STATE: GA ZIP CODE: 30044
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) MR RO	BERT EDWARDS PHONE: 770-337-2963
E-MAIL	BRAVESFAN 158 CYAHOO. COM
SUBMITTED BY: (COMPANY NAME) CHU	
MAILING ADDRESS: 196 17TH ST NE	on orang/minimizory) o
	STATE: GA ZIP CODE: 30309
CONTACT PERSON: (Dr./Mr./Mrs./Ms.)MR CH/	ARLES GRAD PHONE: 404-876-3454
E-MAII	· CHICKOCHICKCBAD COM
? Are you the: Architect X Owner Co	onsultant Contractor Other
. Are you the. Architect X Owner Co	onsultant Contractor Other
CHARLES GRAD RA-003251	
Name & Georgia Registration Number of Architect	t or Engineer of Record
TYPE OF FACILITY	
	AMBULATORY SURGERY CENTER: OTHER: X
	AMBULATORY SURGERY CENTER: OTHER: X
	AMBULATORY SURGERY CENTER: OTHER: X
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