GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Submit plans to: Georgia Department of Community Health
Healthcare Facility Regulation Division
Architectural Review Unit
2 Peachtree Street, NW; 5th Floor
Atlanta, GA 30303
ehotton@dch.ga.gov
ewilkins@dch.ga.gov
FAX 770-344-4282

2012 **DCH PLANS TRANSMITTAL LETTER**

PLEASE COMPLETE ALL OF THE FOLLOWING and PROVIDE ACTIVE MAILING ADDRESSES

DATE SUBMITTED: 1-18-2013   (MINIMUM 45 DAYS PRIOR TO DESIRED START OF CONSTRUCTION)
CON, LNR or DET NUMBER: DET-2008-090   (<u>REQUIRED</u> - SEE CHECKLIST BELOW)

FACILITY NAME: Oaks of Athens (UHS-Pruitt Athens)
PROJECT NAME: Nursing Facility (Skilled Care Building)
STREET ADDRESS: 490 Kathwood Drive
CITY: Athens   , **GEORGIA**   **ZIP CODE:** _____ - 30607   **COUNTY:** Clarke
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) Mrs. Nicole Frazier   **PHONE NUMBER:** 678-533-6770
   E-MAIL: _____

OWNER: (COMPANY NAME) Athens Healthcare Properties, Inc.
MAILING ADDRESS: 1626 Jeurgens Court
CITY: Norcross   **STATE:** GA   **ZIP CODE:** 30093
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) Mrs. Nicole Frazier   **PHONE:** 678-533-6770
   E-MAIL: nfrazier@uhs-pruitt.com

SUBMITTED BY: (COMPANY NAME) Foley Design Associates Architects Inc.
MAILING ADDRESS: 1513 Cleveland Avenue, Building 100 Suite 102
CITY: East Point   **STATE:** GA   **ZIP CODE:** 30344
CONTACT PERSON: (Dr./Mr./Mrs./Ms. Mr. Bill Foley   **PHONE:** 404.761.1299
   E-MAIL: billfoley@foleydesign.com

? Are you the: Architect X   **Owner** _____ **Consultant** ____ **Contractor** ____ **Other** _____
Architects Name & Georgia Registration Number: Bill Foley RA # 5080

TYPE OF FACILITY____

HOSPITAL: ____ **NURSING HOME:** X **AMBULATORY SURGERY CENTER:** ____ **OTHER:** ____
PURPOSE OF SUBMISSION

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

Estimated Construction Cost: $12,656,118.00   **Total Square Footage of Project:** _____

Estimated Start of Construction: January 10th, 2012   **Estimated Completion:** June 26th, 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) X   DCH PLANS TRANSMITTAL LETTER
2) X   DCH PROGRAM NARRATIVE FORM
3) X   ONE SET OF CONSTRUCTION PLANS - SIGNED & SEALED AS REQUIRED
4) X   AN ELECTRONIC COPY OF THE PLANS ON CD or DVD (ADOBE .PDF FORMAT)
5) X   A COPY OF ANY DCH REGULATORY APPROVAL LETTER: CON _____, LNR _____ or DET X

DCH USE ONLY: Date Received: **1-23-13**   DCH Project Number: **CLARKE-29**