



Gary B. Redding  
Commissioner  
404.656.4507  
404.651.6880 fax

September 21, 2001

Mr. Ralph Blair  
Rockdale Hospital  
1412 Millstead Ave  
Conyers Georgia 30207

**RE: GEORGIA COMMUNITY HEALTH - OCCUPANCY PERMIT**

**ROCKDALE-03N**

6 LDRP Conversion to 6 Semi-Private Rooms  
Rockdale Hospital  
Conyers Georgia

Dear Mr. Blair

An inspection of the above referenced project, on September 20, 2001, 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 once the following agencies approvals have been obtained, (please submit copies of thier approval for our files):

- 1] State Fire Marshals office, [404] 656-7087.
- 2] Local Building, Fire and Health authorities, where required.

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: David Huber, Rockdale Hospital  
DeVaughn Grizzle, CDH Partners, Inc.  
Health Care Section (ORS)

**CDH PARTNERS INC.**

675 TOWER ROAD  
MARIETTA, GA 30060-6958  
MAIN: (770)424-0016 FAX: (770)424-0260

**FAX TRANSMITTAL**

SENT TO: **Erik Holton**  
State Health Planning Agency  
#2 Peachtree Street  
Room #34.262  
Atlanta, Georgia 30303 3142  
FAX: (404) 656-0654

DATE: August 24, 2001

SENT BY: **DeVaughn Grizzle**  
RE: Rockdale Hospital Nursery & LDRP Renovations

PAGES TO FOLLOW: 2  
DIRECT #: 678-784-3429  
PROJECT #: 2001-0043 & 2001 0116

TRANSMITTED HEREWITH: 100% Inspection request Forms

**REMARKS:**

Erik,

These are the two forms for the Rockdale Hospital projects. Please let me know if you need anything further. Otherwise, I will meet you at the hospital on 9/13/01 at 1:30 PM.

Thank you,

DeVaughn Grizzle

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CC: Corr. File

GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

Roy T. Barnes, Governor

2 Peachtree Street, NW  
Atlanta, GA 30303-3159  
www.communityhealth.state.ga.usRuss Toal  
Commissioner  
404.656.4507  
404.651.6880 fax**REQUEST FOR 100% INSPECTION****PLEASE COMPLETE THE FOLLOWING**DATE SUBMITTED: 8/24/01

(PLEASE SUBMIT AT LEAST 21 DAYS PRIOR TO COMPLETION)

DEPARTMENT of COMMUNITY HEALTH PROJECT NUMBER: Rockdale-03N [le: FULTON-099]CERTIFICATE OF NEED NUMBER: N/A [le: (GA 099-99)]FACILITY NAME: Rockdale HospitalPROJECT NAME: 6 LDRP Conversion to 6 semi-private RoomsSTREET ADDRESS: 1412 Milstead Ave.CITY, STATE, ZIP CODE: Conyers, GA 30012COUNTY RockdaleFACILITY CONTACT PERSON: Ralph BlairPHONE NUMBER: (770) 918-3797

(PLEASE PROVIDE A MAILING ADDRESS IF DIFFERENT THAN ABOVE)

**SUBMITTED BY:**FIRM: CDH Partners Inc.MAILING ADDRESS: 675 Tower RoadCITY, STATE, ZIP CODE: Marietta, Georgia 30060CONTACT PERSON: Delvaughn GrizzlePHONE NUMBER: 678-784-3429**THIS PROJECT IS SCHEDULED TO BE 100% COMPLETE ON OR ABOUT:**September 7th, 2001**I HEREBY REQUEST THAT A 100% INSPECTION BE SCHEDULED ON OR ABOUT:**September 13th, 2001

(PLEASE REQUEST INSPECTION A MINIMUM OF 21 DAYS PRIOR TO COMPLETION)

**THE OWNER DESIRES TO OCCUPY THIS PROJECT ON OR ABOUT:**September 13th, 2001

(INSPECTION SHALL OCCUR BEFORE OCCUPANCY)

  
SIGNATURE20  
SEPT 23  
1:30 PM





Russ Toal  
Commissioner  
404.656.4507  
404.651.6880 fax

May 18, 2001

Mr. DeVaughn Grizzle  
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)

**ROCKDALE-03N**

6 LDRP Conversion to 6 Semi-Private Rooms  
Rockdale Hospital  
Conyers Georgia

Dear Mr. Grizzle,

The construction documents for the above referenced project, which were received on May 18, 2001, appear to comply with hospital standards and are approved for construction. Please return the enclosed 100% inspection request form approximately 21 days prior to completion so that we may schedule our final inspection.

Please note these plans are also 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 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)  
Ralph Blair, Rockdale Hospital  
David Huber, Rockdale Hospital



**State of Georgia  
Community Health**

2 Peachtree Street, N.W.  
Atlanta, Georgia 30303-3159

Russ Toal  
Commissioner

July 1, 1999

**GCH - HPD**  
**PLANS TRANSMITTAL LETTER**

**PLEASE COMPLETE ALL OF THE FOLLOWING**

DATE SUBMITTED: May 18, 2001(MINIMUM 45 DAYS PRIOR TO START OF CONSTRUCTION)

CERTIFICATE OF NEED NUMBER: N/A(SEE CHECKLIST BELOW)

FACILITY NAME: Rockdale Hospital

PROJECT NAME: L.D.R.P. Conversion

STREET ADDRESS: 1412 Milstead Avenue, NE

CITY, STATE, ZIP CODE: Conyers, Georgia 30207

CONTACT PERSON: Dr. David Huber

PHONE NUMBER: (770) 918-3916

OWNERS NAME: Rockdale Hospital

OWNERS ADDRESS: 1412 Milstead Avenue, NE

CITY, STATE, ZIP CODE: Conyers, Georgia 30207

CONTACT PERSON: Dr. David Huber

PHONE: (770) 918-3916

ARCHITECT/ENGINEER: CDH Partners, Inc.

MAILING ADDRESS: 675 Tower Road

CITY, STATE, ZIP CODE: Marietta, Georgia 30060

CONTACT PERSON: DeVaughn Grizzle

PHONE: (678) 784-3429

**TYPE OF FACILITY**

HOSPITAL: ☒ NURSING HOME: ☐ AMBULATORY SURGERY: ☐

**PURPOSE OF SUBMISSION**

PRELIMINARY/DESIGN DEVELOPMENT REVIEW: ☐

FINAL REVIEW: ☒

ADDENDUM: ☐ REVISIONS: ☐

CONSTRUCTION COST: \$32,000 est.

SQUARE FOOTAGE: 380 s.f.(ea.) (6 rms.) EQUIPMENT COST: \_\_\_\_\_

START OF CONSTRUCTION(MINIMUM 45 DAYS AFTER PLAN SUBMISSION): 6/29/01

ESTIMATED COMPLETION: 7/27/01

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

**SUBMITTAL CHECKLIST**

SHPA TRASMITTAL LETTER: ☐ ONE SET OF PLANS: ☒

LETTER OF NONREVIEWABILITY: ☐ or COPY OF CON APPROVAL: ☐

*IF EXEMPT FROM CON REVIEW PROVIDE CERTIFIED LETTER FROM OWNER*

*An Equal Opportunity Employer*

**CDH PARTNERS INC.**

675 TOWER ROAD  
MARIETTA, GA 30060  
770/423-0016 FAX 770/424-0260  
INTERNET: cdh@cdh-partners.com

**LETTER OF TRANSMITTAL**

DATE: May 18, 2001

COPIES TO: **Corr. File**

TO: **Erik Hotton**  
**State of Georgia Community Health**  
**2 Peachtree Street, N.W.**  
**Atlanta, Georgia 30303-3159**

RE: **Rockdale Hospital - LDRP Conversion**PROJECT #: **2001-0116****TRANSMITTED HEREWITH:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Shop Drawings       | <input type="checkbox"/> Copy of Letter | <input type="checkbox"/> Invoice            |
| <input type="checkbox"/> Specifications      | <input type="checkbox"/> Change Order   | <input type="checkbox"/> Pay Request        |
| <input checked="" type="checkbox"/> Drawings | <input type="checkbox"/> Contract       | <input type="checkbox"/> Product Literature |
| <input type="checkbox"/> Report              | <input type="checkbox"/>                |   |

**DISPOSITION:**

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> For Approval | <input type="checkbox"/> For Signature          | <input type="checkbox"/> For Payment           |
| <input type="checkbox"/> No Exceptions Taken     | <input type="checkbox"/> For Your Use           | <input type="checkbox"/> As You Requested      |
| <input type="checkbox"/> Exceptions Noted        | <input type="checkbox"/> For Review and Comment | <input type="checkbox"/> Per Transmitted Items |
| <input type="checkbox"/> Resubmit                | <input type="checkbox"/>                        |  |

COPIES	IDENTIFICATION	DESCRIPTION
1 set		Architectural & Electrical Drawings and Mechanical Narrative

**REMARKS**

- ☐ FAX  
☐ MAIL  
☒ HAND DELIVERED

PAGES TO FOLLOW 1BY DeVaughn Grizzle