

Baker&Hostetler LLP

1170 Peachtree Street
Suite 2400
Atlanta, GA 30309-7676

T 404.459.0050
F 404.459.5734
www.bakerlaw.com

Robert M. Rozier
direct dial: 404.256.8247
rrozier@bakerlaw.com

May 3, 2021

via DCH Website Portal Submission

Stacey Hillock, Esquire
Executive Director
Office of Health Planning
Georgia Department of Community Health
2 Peachtree Street – 5th Floor
Atlanta, GA 30303

Re: Letter of Intent Regarding Application for Construction of 10-Story Patient Tower at Northside Hospital Gwinnett

Dear Ms. Hillock:

On behalf of our client, Northside Hospital, Inc. d/b/a Northside Hospital Gwinnett (“Northside”), we hereby submit this letter of intent notifying the Department of Community Health (“DCH”) of Northside’s intent to apply for a Certificate of Need (“CON”) to construct a new 10-story patient tower on the north side of the existing hospital building and renovate certain space in the existing hospital building.

The project will include the addition of 206 patient beds pursuant to the DCH short-stay hospital bed need methodology, as well as the addition of observation beds. The project will also include the relocation, renovation, and/or expansion of certain inpatient and/or outpatient departments of the hospital, ancillary and support services, and required mechanical and infrastructure components.

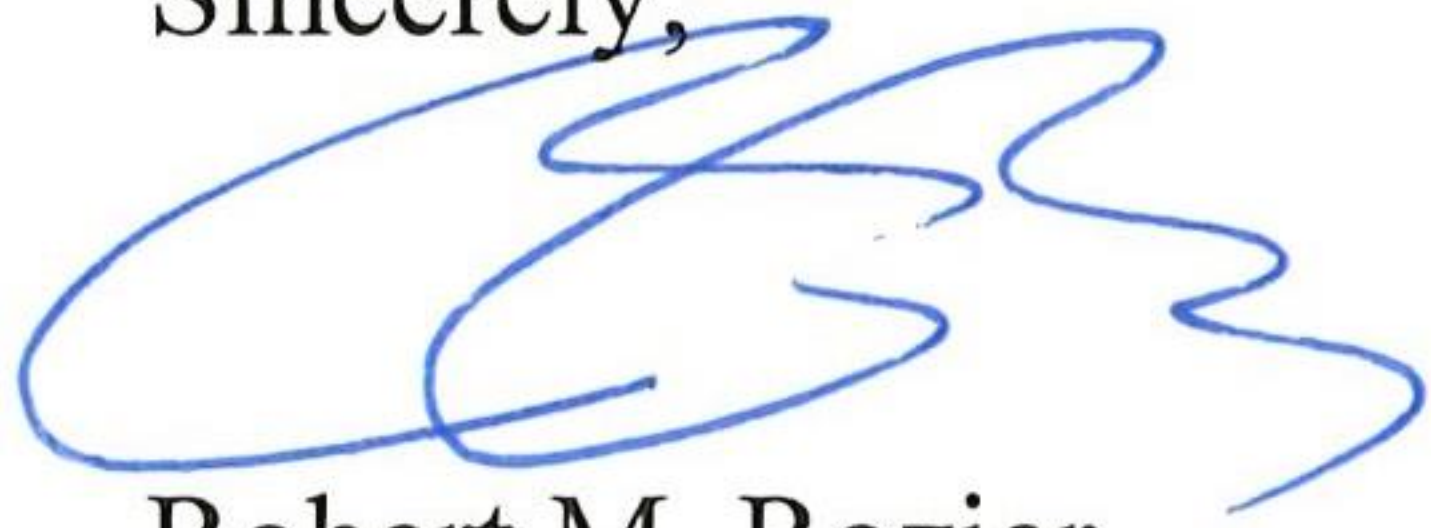
Northside Hospital, Inc., which will be the legal applicant, is located at 1000 Johnson Ferry Road, Atlanta, Fulton County, Georgia 30342. Northside Hospital Gwinnett (“NHG”), an existing hospital, is located at 1000 Medical Center Boulevard, Lawrenceville, Gwinnett County, Georgia, 30046, and will be the site for the project.

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The existing and proposed service area for Northside Hospital Gwinnett includes Barrow, DeKalb, Forsyth, Fulton, Gwinnett, Hall, Jackson, Newton, Rockdale, and Walton Counties, or portions thereof. The capital expenditure associated with the project is estimated at \$400 million.

All inquiries regarding the proposed project and CON application may be addressed to Brian Toporek, Northside's Senior Planner, at 1000 Johnson Ferry Road, Atlanta, Georgia, 30342, or by telephone at (404) 851-6821.

Sincerely,



Robert M. Rozier
Partner

Attorney for Northside Hospital, Inc. d/b/a
Northside Hospital Gwinnett



Use this form to upload and submit all Certificate of Need applications and forms.

Please note - only one request should be attached per form.

All files should be uploaded in standard print quality 300 DPI. Please do not optimize your PDF file to 72 DPI since this will degrade file resolution quality for printing and OCR text extraction. This site enables uploads of up to 250 mb per individual file.

Requesting Party Identification

Requesting Party Name * Northside Hospital, Inc. d/b/a Northside Hospital Gwinnett
The "Requesting Party Name" must be the legal applicant/facility

Address 1: 1000 Johnson Ferry Rd

Address 2:

City: Atlanta **State:** Georgia **Zip:** 30342

County: Fulton

Contact Name: * Brian Toporek

Contact Email: * brian.toporek@northside.com

Application or Form Submission

Application/Form or Letter Type * CON Non-Batching Application Letter of Intent
Select the type of application or form that you are submitting.

File Upload * NHG LOI - 10 Story Tower Construction.pdf 919.45KB
Click to browse and attach an electronic copy of your application/form and any other required attachments.

Additional attachments such as the check image should be included as a secondary or last page of the CON form or uploaded as separate files. Please do not add any pages before the first page of the CON form.

Submission Date/Time 5/3/2021
07:58:35 AM

Attestation

I state, certify and attest that this application for Certificate of Need, the contained statements and all addenda, appendices, or attachments hereto are true and complete to the best of my knowledge and belief, and that I possess the authority to submit this application. I further state, certify and attest that with this submission, I have included a copy of the check or money order that will be remitted to the State of Georgia in connection with the filing fee associated with this application for Certificate of Need in the amount determined by the applicable fee schedule. I understand that with any failure to remit the required filing fee, the Department reserves the right to cease to review any pending Certificate of Need application. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Signature *



Signature Date * 5/3/2021