Notification of Construction Start Date - Hospital



(This form is to be completed and submitted at the start of construction.)

| Facility Name | | | | |
|---|---------------------|--|-----------------------------|--|
| Address | | | | |
| City | | | ,IL | ZIP |
| IDPH No. | | Project Description | | |
| and specificat | ions for complia | nce with design ar | nd cons | section 8, "Final approval of the plans struction standards shall be obtained onstruction is begun." |
| | | | | ed that IDPH is required to record the information requested below as soor |
| Please fax thi mail to: | s completed forr | m to IDPH, Design a | and Co | nstruction Section at 217-782-0382 o |
| | Di | Illinois Department ovision of Life Safety Design and Constr 25 W. Jefferson Stro Springfield, I | and Co fuction Seet, Fou | onstruction Section urth Floor |
| Date Construct | ion Started | | | |
| Name of A | rchitect or Authori | zed Representative | | |
| Signature of Architect or Authorized Representative | | | | Date |