



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

BEGINNING OF REVIEW NOTICE
Certificate of Need Application

Description of Proposal: Application to amend CN#1463A-T due to capital expenditure cost overrun

Estimated Cost: \$31,424,335

Applicant: Harrison Medical Center

Public Hearing: No public hearing will be held on this project

Public Comment Period: Written comments must be received by the CON Program by 5:00 pm, on Monday, December 15, 2014. Faxed comments will not be accepted.

Send public hearing request or written comments to:

Mailing Address:

Department of Health
Certificate of Need Program
Mail Stop 47852
Olympia, WA 98504-7852

Physical Address:

Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, WA 98501

Anticipated Decision Date: January 20, 2015

If you have any questions or would like additional information, please call Peter Agabi with the CON Program at (360) 236-2959. For additional information or details, log into the CON website: www.doh.wa.gov/hsqa/FSL/certneed/.