## Application for Renovation/Expansion of Facility-Part II (Expansion/Renovation Approval Request)

Date Submitted:

COMAR Title 32.02.01.15, fully states requirements for information to be submitted when applying for a renovation of a facility. COMAR Title 32.02.01.17, fully states requirements for information to be submitted when applying for an expansion of a facility.
A provider that intends to undertake a(n) renovation/expansion of its facility shall file a Statement of Intent with the Department at least 30 days before submission of a(n) Renovation/Expansion Approval Request. If the Renovation/Expansion Approval Request is not filed by the provider within 60 days after the Statement of Intent is filed, a new Statement of Intent shall be filed with the Department at least 30 days before submission of the financial plan.

Name of Provider:	
Name of Facility:	
County:	
Chief Exec. Officer of the Facility:	
Street Address (mailing):	
City/State/Zip Code:	
Telephone Number:	Email Address:

## The following should be marked as indicated and attached to this application:

Exhibit A A statement of the purpose and need for the expansion/renovation.

Exhibit B For expansions a demonstration that a market exists for any proposed additional

independent living or assisted living units, which meets the requirement of COMAR

32.02.01.17C.

Exhibit C	that the expansion/renovation wi financial ability of the provider	thority recognized by the Department, demonstrating ll not have an unreasonably adverse effect on the to furnish continuing care in accordance with the s the requirements of COMAR 32.02.01.17D (for .15C (for renovations).		
Exhibit D	approval request. The Department	per additional unit shall accompany the expansion nt may charge an additional fee, not to exceed the a financial plan to the Department. See COMAR		
Other Exhibits	Addenda: Additional pertinent infattached to this application.	formation may be labeled as Addendum 1, 2, and		
		on or an expansion until the provider has received oval Request from the Department for the proposed		
renovation. See COMAR 32.02.01.16B and COMAR 32.02.01.18B.				
The undersigned attests that the information submitted herein is true and accurate.				
Notary Statemen	at.	(Signature)		
Trotary Statemen	11.	(~- <u>B</u>		
		(Title)		