NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

November 24, 2021

Catharine Cummer, Regulatory Counsel, Strategic Planning
catharine.cummer@duke.edu

Exempt from Review – Replacement Equipment

Record #:	**3748**
Date of Request:	November 12, 2021
Facility Name:	Duke Raleigh Hospital
FID #:	923421
Business Name:	Duke University Health System, Inc.
Business #:	640
Project Description:	Replace a cardiac catheterization system
County:	Wake

Dear Ms. Cummer:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced project is exempt from certificate of need review in accordance with G.S. 131E-184(f). Therefore, you may proceed to acquire without a certificate of need the Philips Azurion cardiac catheterization equipment to replace the Philips Alura FD20 cardiac catheterization equipment (Serial # 4867). This determination is based on your representations that the existing unit will be re-purposed as interventional radiology equipment and will not be used as cardiac catheterization equipment again in the State without first obtaining a certificate of need if one is required.

It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Michael J. McKillip
Project Analyst

Micheala Mitchell
Chief

cc: Radiation Protection Section, DHSR
Construction Section, DHSR

Duke University Health System

Catharine W. Cummer
Regulatory Counsel, Strategic Planning

November 12, 2021

Via Electronic Mail

Ms. Micheala Mitchell, Chief
Ms. Lisa Pittman, Assistant Chief
Mr. Michael McKillip, Project Analyst
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Equipment Replacement Project at Duke Raleigh Hospital

Dear Ms. Mitchell, Ms. Pittman, and Mr. McKillip:

On behalf of the Duke University Health System, I am writing to provide prior written notice of an equipment replacement project and to request the Section's written confirmation that the project is exempt from certificate of need review. The project involves the replacement of cardiac catheterization equipment originally installed pursuant to a CON (and subsequently replaced) at Duke Raleigh Hospital.

Duke Raleigh Hospital has recently decreased the number of cardiac catheterization labs operated pursuant to a services agreement with DLP Cardiac Partners from two to one. With the resulting decrease in overall cardiac cath capacity, the Duke Raleigh Hospital-owned cath lab equipment, which is seven years old, needs to be replaced, in order to minimize any downtime for maintenance and service as the equipment ages.

This equipment replacement project satisfies the requirements under N.C.G.S. 131E-184(f) for "replacement equipment that exceeds the two million dollar ($2,000,000) threshold set forth in G.S. 131E-176(22) if all of the following conditions are met:

(1) The equipment being replaced is located on the main campus.
(2) The Department has previously issued a certificate of need for the equipment being replaced. This subdivision does not apply if a certificate of need was not required at the time the equipment being replaced was initially purchased by the licensed health service facility.
(3) The licensed health service facility proposing to purchase the replacement equipment shall provide prior written notice to the Department, along with

supporting documentation to demonstrate that it meets the exemption criteria of this subsection."

Main campus

The existing and replacement catheterization equipment are/will be located in the main Duke Raleigh Hospital building. This is on the "main campus" of the facility, as defined in 131E-176(14n), as "[t]he site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building" and "[o]ther areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building."

Duke Raleigh Hospital is a licensed health service facility (license available upon request), and the main hospital building from which Duke Raleigh Hospital provides its inpatient clinical services and exercises financial and administrative control over all Duke Raleigh Hospital services is located at 3400 Wake Forest Road in Raleigh.

Floor plans showing the location of the project within the hospital building are enclosed.

Certificate of Need

Duke Raleigh Hospital originally acquired a single unit of cardiac catherization equipment pursuant to project J-6753-03. After this replacement, the inventory of Duke-owned cardiac cath labs at the hospital will remain at one.

Replacement Equipment

The equipment qualifies as replacement equipment pursuant to the existing statutory and regulatory definition. A completed Equipment Comparison form is enclosed. Both the existing equipment and the replacement equipment are equipment capable of providing cardiac catheterization and interventional radiology procedures.

A copy of the equipment quotation is available upon request. Duke will not acquire any other major medical equipment or develop any other new institutional health services other than those described in Section 131E-176(16)(b).

Disposition of Existing Equipment

After the installation of the replacement cardiac catheterization lab, Duke Raleigh Hospital will discontinue cardiac catheterization procedures on the existing equipment. However, rather than simply disposing of the equipment out of state, Duke Raleigh Hospital seeks confirmation that it may continue to use this equipment for non-cardiac cath services, namely, interventional radiology procedures that do not meet the definition of cardiac catheterization. Accordingly, the total inventory of cardiac cath equipment at the hospital will not change.

Duke Raleigh Hospital could trade in the existing equipment, and then repurchase it from the vendor as non-cardiac catheterization equipment for under the $2 million cost threshold applicable for major medical equipment; interventional radiology equipment under that cost threshold does not constitute a new institutional health service for which a CON is required. The total cost of the existing equipment was only $1.2M at its original acquisition, and its current depreciated/book value is zero. The proposed arrangement – redeployment of the existing equipment for any remainder of its useful life as solely interventional radiology equipment – achieves the same result.

If you have questions or need any further information, please let me know. We would appreciate your confirmation that this project is exempt from CON review. Thank you for your attention to this request.

Very truly yours,

Catharine W. Cummer

Catharine W. Cummer

Enclosures

3100 Tower Blvd Suite 1300 * Durham, NC 27707 * tel (919) 668-0857 * catharine.cummer@duke.edu

EQUIPMENT COMPARISON
DUKE RALEIGH HOSPITAL CARDIAC CATHETERIZATION EQUIPMENT REPLACEMENT

	EXISTING EQUIPMENT	**REPLACEMENT EQUIPMENT**
Type of Equipment	Cardiac Cath/Angio	Cardiac Cath/Angio
Manufacturer of Equipment	Philips	Philips
Tesla Rating for MRIs	N/A	N/A
Model Number	Allura FD20	Azurion 7 C20
Serial Number	4867	TBD
Provider's Method of Identifying Equipment	Cath/IR Lab	Lab 1
Specify if Mobile or Fixed	Fixed	Fixed
Mobile Trailer Serial Number/VIN #	N/A	N/A
Mobile Tractor Serial Number/VIN #	N/A	N/A
Date Acquired	August 2014	TBD
Does Provider Hold Title to Equipment or Have a Capital Lease?	Own	Capital purchase
Specify if Equipment Was/Is New or Used When Acquired	New	New
Total Capital Cost of Project (Including Construction, etc.) <Use Attached Form>	$1.7M	$5.1M
Total Cost of Equipment	$1.2M	$1.2M
Fair Market Value of Equipment	NA	$1.2M
Net Purchase Price of Equipment	NA	$1.2M
Locations Where Operated	Duke Raleigh Hospital	Duke Raleigh Hospital
Number of Times Existing Equipment was Used to Provide a Health Service during the 12 months prior to the Date of the Written Notice	>10 for cath and interventional radiology procedures (equipment used daily during normal business hours and available for use 24/7)	N/A
Type of Procedures Currently Performed on Existing Equipment	Cath/Interventional Radiology	NA
Type of Procedures New Equipment is Capable of Performing	NA	Cath/Interventional Radiology/EP

Date of last revision: 12/4/2020

PROPOSED INTERIOR ALTERATIONS FOR:

DUKE RALEIGH HOSPITAL

CATH LAB EQUIPMENT UPGRADE

3400 WAKE FOREST RD., RALEIGH, NC 27609

FPDC PROJECT #3970HSRH

DukeHealth

APPENDIX B - BUILDING CODE SUMMARY

Name of Project: CATH LAB EQUIPMENT UPGRADE

Address of Project: 3400 WAKE FOREST RD Suite #: GROUND FLOOR

Owner or Authorized Agent: Pierre Mercier Phone: (919) 522.8939

Fax: _____ Email: pierre@studioforty.net

Owned By: ☒ Privately ☐ City/County ☐ State

Code Enforcement Jurisdiction: ☒ City ☐ County ☐ City/County

Name of Jurisdiction: CITY OF RALEIGH

PROJECT SCOPE:

CATH LAB #1 (CLASS 2 IMAGING ROOM) EQUIPMENT UPGRADE THAT INCLUDE THE FOLLOWING:
RELOCATION OF SYSTEMS COMPONENT ROOM OUT OF CATH LAB AND SERVICED FROM THE CORRIDOR
NEW UPS ROOM IN THE REAR OF AN EXISTING CLEAN STORAGE ROOM
NEW ROOF TOP HVAC UNIT TO SERVE CATH LAB #1 ALONG WITH A NEW METAL ROOF SCREEN
NEW SPLIT SYSTEM HVAC UNIT TO SERVE THE SYSTEMS COMPONENT ROOM
NEW CONTROL WINDOW AND WORK COUNTER ALONG WITH NEW EQUIPMENT STORAGE CABINET AND STORAGE CLOSET.

CONTACT: Pierre Mercier

DESIGNER	FIRM	NAME	LICENSE	TELEPHONE
Architect	Studio Forty	Pierre F. Mercier	9059	919-522-8939
Civil				
Electrical	Edmondson Engineers	John Dennis Hayes	028869	(919) 544.1936
Fire Alarm	Edmondson Engineers	John Dennis Hayes	028869	(919) 544.1936
Plumbing	Edmondson Engineers	Jeremiah I Bullis	036659	(919) 544.1936
Mechanical	Edmondson Engineers	Jeremiah I Bullis	036659	(919) 544.1936
Sprinkler/Standpipe	Edmondson Engineers	Jeremiah I Bullis	036659	(919) 544.1936
Structural	Lysaght and Associates	Patrick M. Kyzer	18123	(919) 833.0495

2018 NC BUILDING CODE: ☐ New Building ☐ Addition ☐ Shell/Core ☐ Phased Construction - Shell Core ☐ 1st Time Interior Completion ☒ Interior Alteration

2018 NC EXISTING BUILDING CODE: ☐ Prescriptive ☐ Repair ☐ Chapter 14 ☐ Alteration Level I ☐ Alteration Level II ☐ Alteration Level III ☐ Historic Property ☐ Change of Use

CONSTRUCTED: (date) 1977 ORIGINAL CURRENT USE(S) (Ch. 3): I-2 & BUSINESS

RENOVATED: (date) MULTIPLE PROPOSED USE(S) (Ch. 3): I-2 & BUSINESS

OCCUPANCY CATEGORY (Table 1604.5) Current: IV Proposed: IV

BASIC BUILDING DATA:

Construction Type: (check all that apply) ☒ I-A ☐ I-B ☐ II-A ☐ II-B ☐ III-A ☐ III-B ☐ IV ☐ V-A ☐ V-B

Sprinklers: ☐ No ☐ Partial ☒ Yes ☒ NFPA 13 ☐ NFPA 13R ☐ NFPA 13D

Standpipes: ☐ No Class: ☒ I ☐ II ☐ III ☒ Wet ☐ Dry

Primary Fire District: ☒ No ☐ Yes Flood Hazard Area: ☒ No ☐ Yes

Special Inspections Required: ☒ No ☐ Yes

GROSS BUILDING AREA TABLE

Floor	Existing (sq ft)	Altered	Sub-Total
Penthouse	2,400		
5th Floor	28,400		
4th Floor	28,400		
3rd Floor	28,400		
2nd Floor	29,000		
Mezzanine			
1st Floor	58,100	1,260 SF OF ALTERED AREA	
Basement	35,500		
Total	210,200		

ALLOWABLE AREA

Primary Occupancy Classification(s): Assembly ☐ A-1 ☐ A-2 ☐ A-3 ☐ A-4 ☐ A-5; Business ☒; Educational ☐; Factory ☐ F-1 Moderate ☐ F-2 Low; Hazardous ☐ H-1 Detonate ☐ H-2 Deflagrate ☐ H-3 Combust ☐ H-4 Health ☐ H-5 HPM; Institutional ☐ I-1 ☒ I-2 ☐ I-3 ☐ I-4

I-1 Condition: ☐ 1 ☐ 2

I-2 Condition: ☐ 1 ☒ 2

I-3 Condition: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Mercantile ☐; Residential ☐ R-1 ☐ R-2 ☐ R-3 ☐ R-4; Storage ☐ S-1 Moderate ☐ S-2 Low ☐ High-Piled ☐ Parking Garage ☐ Open ☐ Enclosed ☐ Repair Garage; Utility and Miscellaneous ☐

Accessory Occupancy Classifications: _____

Incidental Uses (Table 509) _____

This separation is not exempt as a Nonseparated use (see exceptions)

- ☐ Furnace room where any piece of equipment is over 400,000 Btu per hour input
- ☐ Rooms with boilers where the largest piece of equipment is over 15 psi and 10 horsepower
- ☐ Refrigerant machine room
- ☐ Hydrogen cutoff rooms, not classified as Group H
- ☐ Incinerator rooms
- ☐ Paint shops, not classified as Group H, located in occupancies other than Group F
- ☐ Laboratories and vocational shops, not classified as Group H located in a Group E or I-2 occupancy
- ☒ Laundry rooms over 100 square feet
- ☐ Group I-3 cells equipped with padded surfaces
- ☒ Group I-2 waste and linen collection rooms
- ☒ Waste and linen collection rooms over 100 square feet
- ☐ Stationary storage battery systems having a liquid electrolyte capacity of more than 50 gallons, or a lithium-ion capacity of 1,000 pounds used for facility standby power, emergency power or uninterrupted power supplies
- ☐ Rooms containing fire pumps
- ☒ Group I-2 storage rooms over 100 square feet
- ☐ Group I-2 commercial kitchens
- ☐ Group I-2 laundries equal to or less than 100 square feet
- ☐ Group I-2 rooms or spaces that contain fuel-fired heating equipment

Special Uses: (Chapter 4 - List Code Sections): 403, 407

Special Provisions: (Chapter 5 - List Code Sections): _____

Mixed Occupancy: ☐ No ☒ Yes Separation: _____ Hr. Exception: _____

☒ Non-Separated Use (508.3)

☐ Separated Use (508.4) - See below for area calculations

Fore each story, the area of the occupancy shall be such that the sum of the ratios of the actual floor area of each use divided by the allowable floor area for each use shall not exceed 1

Select one

$$\frac{\text{Actual Area of Occupancy A}}{\text{Allowable Area of Occupancy A}} + \frac{\text{Actual Area of Occupancy B}}{\text{Allowable Area of Occupancy B}} \leq 1$$

_____ + _____ + ... = ≤ 1.00

STORY NO.	DESCRIPTION AND USE	(A) BLDG. AREA PER STORY (ACTUAL)	(B) TABLE 506.2[4] AREA	(C) AREA FOR FRONTAGE INCREASE[1, 5]	(D) ALLOWABLE AREA PER STORY OR UNLIMITED[2, 3]
0	B	35,500	U.L.		U.L.
1	I-2	58,100	U.L.		U.L.
2	I-2	29,000	U.L.		U.L.
3	I-2	28,400	U.L.		U.L.
4	I-2	28,400	U.L.		U.L.
5	I-2	28,400	U.L.		U.L.
6	I-2	2,400	U.L.		U.L.

[1] Frontage area increases from Section 506.2 are computed thus:

a. Perimeter which fronts a public way or open space having 20 feet minimum width = _____ ft (F)

b. Total Building Perimeter = _____ ft (P)

c. Ratio (F/P) = _____ (F/P)

d. W = Minimum width of public way = _____ ft (W)

e. Percent of frontage increase If = 100 (F/P - 0.25) x W/30 = _____ (%)

[2] Unlimited area applicable under conditions of Section 507.

[3] Maximum Building Area = total number of stories in the building x D (maximum 3 stories) (506.2

[4] The maximum area of parking garages must comply with 406.5.4. The maximum area or air traffic control towers must comply with 412.3.1.

[5] Frontage increase is based on the unsprinklered area value in Table 506.2.

ALLOWABLE HEIGHT

	Allowable	Shown on Plans	Code Reference
Building Height in Feet (Table 504.3)	U.L.		
Building Height in Stories (Table 504.4)	U.L.	6	

1. Provide code reference if the "Shown on Plans" quantity is not based on Table 504.3 or 504.4

FIRE PROTECTION REQUIREMENTS

BUILDING ELEMENT	FIRE SEPARATION DISTANCE (FEET)	RATING REQ'D	RATING PROVIDED (W_____ REDUCTION)	DETAIL # AND SHEET #	DESIGN # FOR RATED ASSEMBLY	SHEET # FOR RATED PENETRATION	SHEET # FOR RATED JOINTS
Structural Frame, including columns, girders, trusses		3	3	X-800			
Bearing Walls							
Exterior		N/A	N/A				
North							
East							
West							
South							
Interior		N/A	N/A				
Non Bearing Walls and Partitions		0					
Exterior Walls		0					
North							
East							
West							
South							
Interior walls and partitions		0					
Floor Construction Including supporting beams and joists		2	2	D-902			
Floor Ceiling Assembly							
Columns supporting floors		3	3	X-800			
Roof Construction Including supporting beams and joists		1 1/2	1 1/2	N/A			
Roof Ceiling Assembly		N/A	N/A				
Columns Supporting Roof		2	2	N/A			
Shaft Enclosures - Exit		2	2	U-419			
Shaft Enclosures - Other		2	2	U-419			
Corridor Separation		smoke tight	smoke tight				
Occupancy Separation		2	2	N/A			
Party/Fire Wall Separation		3	3	N/A			
Fire Barrier Separation		1	1	U-419			
Smoke Barrier		1	1	U-419			
Tenant/Dwelling Unit/ Sleeping Unit Separation		N/A	N/A				
Incidental Use Separation		1	1	U-419			

*Indicate section number permitting reduction

PERCENTAGE OF WALL OPENING CALCULATIONS

Fire Separation Distance (feet) From Property Lines	Degree of Openings Protections (Table 705.8)	Allowable Area (%)	Actual Shown on Plans (%)

LIFE SAFETY SYSTEM REQUIREMENTS

Emergency Lighting:	☒ Yes	☐ No
Exit Signs:	☒ Yes	☐ No
Fire Alarm:	☒ Yes	☐ No
Smoke Detection Systems:	☒ Yes	☐ No
Carbon Monoxide Detection:	☐ Yes	☒ No

LIFE SAFETY PLAN REQUIREMENTS

Life Safety Plan Sheet #: A0.2

- ☐ Fire and/or smoke rated wall locations (Chapter 7)
- ☐ Assumed and real property line locations (if not on the site plan)
- ☐ Exterior wall opening area with respect to distance to assumed property lines (705.8)
- ☐ Occupancy Use for each area as it relates to occupant load calculation (Table 1004.1.2)
- ☐ Occupant loads for each area
- ☒ Exit access travel distances (1017)
- ☒ Common path of travel distances [Tables 1006.2.1 & 1006.3.2(1)]
- ☒ Dead End lengths (1020.4)
- ☐ Clear exit widths for each exit door
- ☐ Maximum calculated occupant load capacity each exit door can accommodate based on egress width (1005.3)
- ☐ Actual occupant load for each exit door
- ☐ A separate schematic plan indicating where fire rated floor/ceiling and/or roof structure is provided for purposes of occupancy separation
- ☐ Location of doors with panic hardware (1010.1.10)
- ☐ Location of doors with delayed egress locks and the amount of delay (1010.1.9.7)
- ☐ Location of doors with electromagnetic egress locks (1010.1.9.9)
- ☐ Location of doors equipped with hold-open devices
- ☐ Location of emergency escape windows (1030)
- ☐ The square footage of each fire area (202)
- ☐ The square footage of each smoke compartment for Occupancy Classification I-2 (407.5)
- ☐ Note any code exceptions or table notes that may have been utilized regarding the items above

ACCESSIBLE DWELLING UNITS (SECTION 1107)

TOTAL UNITS	ACCESSIBLE UNITS REQUIRED	ACCESSIBLE UNITS PROVIDED	TYPE A UNITS REQUIRED	TYPE A UNITS PROVIDED	TYPE B UNITS REQUIRED	TYPE B UNITS PROVIDED	TOTAL ACCESSIBLE UNITS PROVIDED
NONE							

ACCESSIBLE PARKING (SECTION 1106)

LOT OR PARKING AREA	TOTAL # OF PARKING SPACES		# OF ACCESSIBLE SPACES PROVIDED			TOTAL # ACCESSIBLE PROVIDED
	REQUIRED	PROVIDED	REGULAR WIDTH 5' AISLE	VAN SPACES WITH 132" ACCESS AISLE	VAN SPACES WITH 8' ACCESS AISLE	
-				-		
TOTAL			-	-		

NOT APPLICABLE EXISTING TO REMAIN

PLUMBING FIXTURE REQUIREMENTS (TABLE 2902.1)

USE		WATERCLOSETS			URINALS	LAVATORIES			SHOWERS/ TUBS	DRINKING FOUNTAINS	
		MALE	FEMALE	UNISEX		MALE	FEMALE	UNISEX		REGULAR	ACCESSIBLE
	EXISTING										
	NEW										
	REQUIRED										

SPECIAL APPROVALS

Special Approval: (Local Jurisdiction, Department of Insurance, OSC, DPI, DHHS, ICC, etc., describe below)

_____

_____

ENERGY SUMMARY

ENERGY REQUIREMENTS:

The following data shall be considered minimum and any special attribute required to meet the energy code shall also be provided. Each Designer shall furnish the required portions of the project information for the plan data sheet. If performance method is used, state the annual energy cost for the standard reference design vs annual energy cost for the proposed design.

Existing building envelope complies with code: ☒ (If checked, the remainder of this section is not applicable)

Exempt Building: ☐ Provide code or statutory reference: _____

Climate Zone: ☐ 3A ☐ 4A ☐ 5A

Method of Compliance:

Energy Code ☐ Performance ☐ Prescriptive

ASHRAE 90.1 ☐ Performance ☐ Prescriptive

OTHER: ☐ Performance (specify source) _____

THERMAL ENVELOPE (Prescriptive method only)

Roof/Ceiling Assembly (each assembly)

Description of Assembly: _____

U-Value of total assembly: _____

R-Value of insulation: _____

Skylights in each assembly: _____

U-Value of skylight: _____

total square footage of skylights in each assembly: _____

Exterior Walls (each assembly)

Description of Assembly: _____

U-Value of total assembly: _____

R-Value of insulation: _____

Openings (windows or doors with glazing)

U-Value of assembly: _____

Solar head gain coefficient: _____

projection factor: _____

Door R-Values: _____

Walls below grade (each assembly)

Description of Assembly: _____

U-Value of total assembly: _____

R-Value of insulation: _____

Floors over unconditioned space (each assembly)

Description of Assembly: _____

U-Value of total assembly: _____

R-Value of insulation: _____

Floors slab on grade

Description of Assembly: _____

U-Value of total assembly: _____

R-Value of insulation: _____

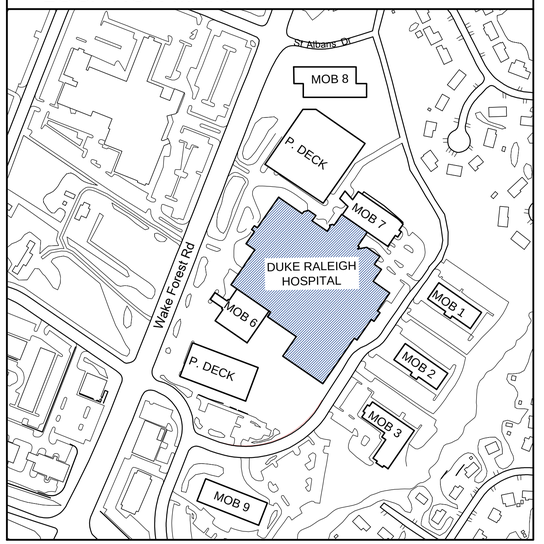
Horizontal/vertical requirement: _____

Slab heated: _____

LIST OF DRAWINGS

IMAGING EQUIPMENT - For reference only

LOCATION MAP:



PIERRE F MERCER REGISTERED ARCHITECT No. 9059 NORTH CAROLINA RALEIGH, NC

STUDIO 40, PLLC Professional Engineering Corporation 52568 RALEIGH, North Carolina NORTH CAROLINA

studio forty ARCHITECTURE + SPACE PLANNING

5540 CENTERVIEW DR SUITE 409 RALEIGH, NC 27606 PH: 919.787.1853 STUDIOFORTY.NET

FPDC PROJECT # 3970HSRH
PREPARED FOR
DUKE HEALTH /
FACILITY PLANNING,
DESIGN & CONSTRUCTION

PROPOSED INTERIOR ALTERATIONS FOR:
Duke Raleigh Hospital
Cath Lab Equipment Upgrades
3400 WAKE FOREST ROAD
RALEIGH, NC 27609
FPDC PROJECT #3970HSRH
DHSR #HL-12289

SHEET NAME:

REVISIONS:

DATE: 06.11.21

PROJECT NO.: 20-027

DRAWN BY: PFM

PERMIT SET

SHEET NO.:

T1.1

1 OVERALL FIRST FLOOR / LIFE SAFETY PLAN
NTS

PIERRE F MERCIER
REGISTERED ARCHITECT
No. 9059
RALEIGH, NC

STUDIO 40, PLLC
REGISTERED PROFESSIONAL CORPORATION
52568
RALEIGH, NORTH CAROLINA
NORTH CAROLINA

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DHSR #HL-12289

SHEET NAME:
OVERALL HOSPITAL
FIRST FLOOR/
LIFE SAFETY PLAN

REVISIONS:

DATE: 06.11.21
PROJECT NO.: 20-027
DRAWN BY: PFM

PERMIT SET

SHEET NO.:
A0.1