

STEWARD HEALTH CARE SYSTEM LLC

**DON APPLICATION # 20121611
EMERGENCY DON
NORWOOD HOSPITAL**

July 30, 2021

BY

**STEWARD HEALTH CARE SYSTEM LLC
1900 North Pearl Street, Suite 2400
Dallas, TX 75201**

STEWARD HEALTH CARE SYSTEM LLC
APPLICATION # 20121611

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ATTACHMENT 1

APPLICATION FORM



Massachusetts Department of Public Health

Determination of Need

Application Form

Version: 11-8-17

Application Type:	Emergency Application	Application Date:	07/30/2021
Applicant Name:	Steward Health Care System LLC		
Mailing Address:	1900 N. Pearl Street, Suite 2400		
City:	Dallas	State:	Texas
		Zip Code:	75201
Contact Person:	Andrew Levine, Esq.	Title:	Attorney
Mailing Address:	One Beacon Street, Suite 1320		
City:	Boston	State:	Massachusetts
		Zip Code:	02108
Phone:	6175986700	Ext:	
E-mail:	alevine@summithealthlawpartners.com		

Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name:	Norwood Hospital		
Facility Address:	800 Washington Street		
City:	Norwood	State:	Massachusetts
		Zip Code:	02062
Facility type:	Hospital	CMS Number:	220126
Add additional Facility		Delete this Facility	

1. About the Applicant

1.1 Type of organization (of the Applicant):	for profit
1.2 Applicant's Business Type:	<input type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Partnership <input type="radio"/> Trust <input checked="" type="radio"/> LLC <input type="radio"/> Other
1.3 What is the acronym used by the Applicant's Organization?	
1.4 Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program?	<input checked="" type="radio"/> Yes <input type="radio"/> No
1.5 Is Applicant or any affiliated entity an HPC-certified ACO?	<input checked="" type="radio"/> Yes <input type="radio"/> No
1.5.a If yes, what is the legal name of that entity?	Steward Health Care Network, Inc.
1.6 Is Applicant or any affiliate thereof subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00 (filing of Notice of Material Change to the Health Policy Commission)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
1.7 Does the Proposed Project also require the filing of a MCN with the HPC?	<input type="radio"/> Yes <input checked="" type="radio"/> No

- 1.8 Has the Applicant or any subsidiary thereof been notified pursuant to M.G.L. c. 12C, § 16 that it is exceeding the health care cost growth benchmark established under M.G.L. c. 6D, § 9 and is thus, pursuant to M.G.L. c. 6D, §10 required to file a performance improvement plan with CHIA? ☐ Yes ☒ No

1.9 Complete the Affiliated Parties Form

2. Project Description

2.1 Provide a brief description of the scope of the project.

See Attached Narrative.

2.2 and 2.3 Complete the Change in Service Form

3. Delegated Review

3.1 Do you assert that this Application is eligible for Delegated Review? ☒ Yes ☐ No

3.1.a If yes, under what section? Emergency Application

4. Conservation Project

4.1 Are you submitting this Application as a Conservation Project? ☐ Yes ☒ No

5. DoN-Required Services and DoN-Required Equipment

5.1 Is this an application filed pursuant to 105 CMR 100.725: DoN-Required Equipment and DoN-Required Service? ☐ Yes ☒ No

6. Transfer of Ownership

6.1 Is this an application filed pursuant to 105 CMR 100.735? ☐ Yes ☒ No

7. Ambulatory Surgery

7.1 Is this an application filed pursuant to 105 CMR 100.740(A) for Ambulatory Surgery? ☐ Yes ☒ No

8. Transfer of Site

8.1 Is this an application filed pursuant to 105 CMR 100.745? ☐ Yes ☒ No

9. Research Exemption

9.1 Is this an application for a Research Exemption? ☐ Yes ☒ No

10. Amendment

10.1 Is this an application for a Amendment? ☐ Yes ☒ No

11. Emergency Application

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)? ☒ Yes ☐ No

11.2 Is the emergency situation due to a government declaration? ☐ Yes ☒ No

11.3 If No, Please describe the destruction/substantial damage to the Applicant's Health Care Facility and its impact upon public health.

See Attached Narrative.

12. Total Value and Filing Fee

Enter all currency in numbers only. No dollar signs or commas. Grayed fields will auto calculate depending upon answers above.

Your project application is for: Emergency Application

12.1 Total Value of this project:

\$325,700,000.00

12.2 Total CHI commitment expressed in dollars: (calculated)

\$0.00

12.3 Filing Fee: (calculated)

\$0.00

12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:

12.5 Total proposed Construction costs, specifically related to the Proposed Project, If any, which will be contracted out to local or minority, women, or veteran-owned businesses expressed in estimated total dollars.

13. Factors

Required Information and supporting documentation consistent with 105 CMR 100.210

Some Factors will not appear depending upon the type of license you are applying for.

Text fields will expand to fit your response.

Documentation Check List

The Check List below will assist you in keeping track of additional documentation needed for your application. Once you have completed this Application Form the additional documents needed for your application will be on this list. E-mail the documents as an attachment to: DPH.DON@state.ma.us

- ☐ Copy of Notice of Intent
- ☐ Certification from an independent Certified Public Accountant

Document Ready for Filing

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form.

To make changes to the document un-check the "document is ready to file" box. Edit document then lock file and submit

Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the "E-mail submission to Determination of Need" button.

This document is ready to file:

☐

Date/time Stamp:

E-mail submission to
Determination of Need

Application Number: -20121611-

Use this number on all communications regarding this application.

☐ Community Engagement-Self Assessment form

ATTACHMENT 2

NARRATIVE

Steward Health Care
Norwood Hospital
Emergency Determination of Need Application

1. Identity of the Applicant

Steward Health Care System LLC (“Applicant”) located at 1900 N. Pearl Street, Suite 2400, Dallas, TX 75201 is filing a Notice of Determination of Need (“Application”), pursuant to *105 CMR 100.740: Emergency Applications*, with the Massachusetts Department of Public Health (“Department” or “DPH”) for a substantial capital expenditure with respect to Norwood Hospital (“Hospital”) located at 800 Washington Street, Norwood, MA 02062. The Hospital is an acute care community hospital that primarily serves the southern Metrowest region. The Hospital historically provided emergency care, as well as inpatient and outpatient services at its main campus. However, an unprecedented storm caused catastrophic flood and storm damage to the Hospital, forcing the Hospital to evacuate patients and close services at the main campus of the Hospital. Throughout this period the Hospital provided services at its existing satellites located in Foxboro and Norwood, respectively. However, as a result of the damage to the Hospital’s main campus, based on expert consultations, the Hospital cannot be reasonably restored to safe and consistently reliable conditions. Therefore, the Hospital seeks to demolish the existing structure and rebuild the Hospital in the same location (“Proposed Project”).

As this is an emergency DoN filing, the Applicant respectfully requests that the Department allow for the publication of a legal notice for the Proposed Project that omits the standard language at 105 CMR 100.405(C)(2) regarding ten taxpayer registration on the Proposed Project.

2. Nature of the Emergency

On June 28, 2020, the Hospital’s main campus sustained catastrophic damage during an unprecedented storm. The storm and floodwater damaged the Hospital’s roof and building envelopes and crippled critical mechanical and electrical systems. The Hospital was severely damaged by storm and flood water, destroying floors, walls, ceilings, fixtures, and finishes throughout the Hospital. Furthermore, numerous diagnostic and treatment equipment sustained irreparable damage.

Through the Hospital Incident Command System, emergency remediation measures were implemented immediately. Temporary power was established with the use of portable generators to assist in the immediate mitigation efforts including water removal and dehumidification. The immediate efforts during July and August 2020 included:

- Pumping standing water from the basement and ground floor areas, as well as the parking/loading dock area.
- Installation of temporary emergency power, cooling/ventilation, and dehumidification equipment.
- Drying, cleaning, and stabilization of the basement environment.
- Removal of all wetted contents, including furniture, equipment, and construction materials from the basement and ground floors.
- Extensive environmental testing for contaminants related to the water intrusion, moisture mapping and identification of affected materials and systems by environmental consultants.
- Removal of chemicals and contaminated drugs from the basement pharmacy and ground floor labs.
- Temporary repair and reactivation of the fire alarm system.

Steward Health Care
Norwood Hospital
Emergency Determination of Need Application

Following immediate efforts to save the Hospital's building, the Applicant also undertook multiple intermediate measures in the months following the storm and flood damage to preserve the remaining building and its contents. Such efforts included roof repair, temperature stabilization, and ongoing environmental and moisture mapping.

The Applicant hired several consultants to evaluate the extent of the damage and available options to re-open the Hospital. Based on these findings, it was determined that the Hospital and its critical systems could not be reasonably restored to safe and consistently reliable conditions.

3. Nature, scope, location, and projected costs of the Proposed Project

The Proposed Project includes the construction of a 130-bed acute care hospital on the Hospital's existing campus at 800 Washington Street, Norwood, MA. The new facility will include an Emergency Department ("ED"), 113 medical-surgical beds, three (3) pediatric beds, and 14 critical care beds. Additionally, the Hospital will have five (5) inpatient operating rooms ("OR"), four (4) outpatient ORs, and five (5) endoscopy procedure rooms. The Proposed Project will include a cardiac catheterization lab with two procedure rooms, radiology services including a magnetic resonance imaging ("MRI") unit, which is a replacement of the Hospital's previously licensed MRI unit as well as the replacement of its two existing two (2) computed tomography ("CT") units. In addition, there will be outpatient services including, but not limited to the following: comprehensive breast care, diabetes & endocrine, gastroenterology, gynecology, neurology, nutrition & weight loss, ophthalmology, pulmonology, sleep medicine, spine care and urology. Finally, the Proposed Project includes shell space for future build-out as demand dictates to provide additional capacity for services.

In recognition of the benefits to both patients and hospital operations that is afforded by providing outpatient surgery in a dedicated outpatient surgical suite, the Hospital plans to update its complement of inpatient and outpatient operating rooms. The prior facility had three (3) outpatient ORs and seven (7) inpatient ORs. All of its so-called "inpatient" ORs performed both inpatient and outpatient surgery. As indicated above, the Hospital determined that the new facility will have four (4) outpatient ORs and five (5) inpatient ORs. In effect, the Hospital will close two (2) inpatient ORs for the right to operate an additional outpatient OR. This will result in a net neutral change in its capacity to perform outpatient procedures while allowing outpatient surgery to be performed in a more efficient outpatient setting as outpatient cases are not impacted by the need to accommodate emergency surgery. This shift in the complement of outpatient and inpatient ORs will allow the Hospital to provide outpatient surgery in a more efficient manner and enhance patient experience as patients will receive all care within the outpatient surgical suite.

The cost of the Proposed Project is estimated to be \$325.7 million.

4. Demonstrate that the Proposed Project will address the Emergency Situation, and without issuance of a Notice of Determination of Need, that the public health will be measurably harmed.

For the past 100 years the Applicant has been serving the Norwood community and remains committed to provide the full spectrum of community hospital services. In addition, the Applicant has remained committed to being a presence in Norwood and serving the health care needs of the community during this interim period by continuing to provide primary care, diagnostic imaging, comprehensive cancer

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Emergency Determination of Need Application

care, outpatient sleep testing, outpatient physical and occupational therapy as well as COVID-19 testing and vaccinations. Throughout this period, the Hospital has continuously provided outpatient care and Diagnostic Imaging services at its satellites in Norwood and Foxborough. A replacement hospital at its main campus in Norwood is needed to ensure patients have access to the full spectrum of community hospital services.

In Fiscal Year 2019, the last full fiscal year prior to the storm and flood damage, the Hospital provided services to 126,497 patients. Specifically, the Hospital treated 39,437 patients in the Emergency Department; performed 6,977 endoscopy procedures; 2,983 outpatient surgeries; and 1,321 inpatient surgeries. The Hospital's Cardiac Catheterization Lab saw 428 cases while the Cardiac Rehabilitation Department provided care for over 4,000 visits. Additionally, the Hospital is accredited as a Gold Plus Stroke Center.

The majority of the Hospital's patients reside in Norwood, followed by Walpole, Canton, Foxborough, Wrentham, and Sharon.¹ Moreover, it is a High Public Payer ("HPP") hospital serving low-income patients. These patients may have difficulty accessing care due to lack of adequate transportation to community hospitals outside of the Norwood area. Members of the Applicant's Accountable Care Organization ("ACO") who previously received care at the Hospital must now travel significantly further for in-network care, as required by the terms of the ACO. Without locally available care, these patients may be delaying or foregoing care entirely.

More broadly, residents of the Hospital's service area in need of emergency services must seek care further from home. While the Hospital's ED remains closed, patients must seek emergency services at other hospitals, the closest of which is approximately 18 minutes away (Beth Israel Deaconess Needham), resulting in delayed access to emergent care. The other closest hospitals to Norwood Hospital are Good Samaritan Medical Center, Sturdy Memorial Hospital, and MetroWest Medical Center in Framingham, which each are close to or greater than 30 minutes driving time from Norwood. As the Hospital is a designated stroke center, patients who typically would have been transported to the Hospital now must be transported further for this care. The nearest cardiac catheterization center, located at Good Samaritan, is approximately 30 minutes away and drivers often experience traffic delays given the available routes along I-95. In the absence of the Hospital, patients are at an increased risk for adverse health outcomes due to the delay in accessing emergency care.

In addition, the closure of the Hospital's ED has resulted in a significant adverse impact on timely access to emergency medical services ("EMS") in the community, particularly for EMS operated by towns such as Norwood. The EMS providers now must drive significantly further to transport residents in need of emergency services. The time that an ambulance is traveling to and from hospitals outside of Norwood is time that the ambulance is not available to other residents who may need transport. This is placing considerable strain on the Town's medical emergency resources and adversely impacts access to timely emergency care for residents. The Proposed Project seeks to return emergency care within the community.

¹ CHIA FY2019 – 19.5%, 9.2%, 6.6%, 6.19%, 4.5%, 4.4%

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Norwood Hospital
Emergency Determination of Need Application

Accordingly, the replacement of the Hospital is necessary to ensure the community has convenient and cost effective access to a wide range of community hospital services that historically have been provided by Norwood Hospital.

ATTACHMENT 3

CHANGE IN SERVICE FORM



Massachusetts Department of Public Health Determination of Need Change in Service

Version: DRAFT
6-14-17

DRAFT

Application Number: 20121611

Original Application Date: 07/30/2021

Applicant Information

Applicant Name: Steward Health Care System LLC

Contact Person: Andrew Levine, Esq. Title: Attorney

Phone: 6175986700 Ext: E-mail: alevine@summithealthlawpartners.com

Facility: Complete the tables below for each facility listed in the Application Form

1 Facility Name: Norwood Hospital CMS Number: 220126 Facility type: Hospital

Change in Service

2.2 Complete the chart below with existing and planned service changes. Add additional services with in each grouping if applicable.

Add/Del Rows		Licensed Beds	Operating Beds	Change in Number of Beds (+/-)		Number of Beds After Project Completion (calculated)		Patient Days (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected		Actual	Projected
	Acute													
	Medical/Surgical	121	121	-8	-8	113	113	28,685	28,685	65%	70%	3.87	7,405	7,405
	Obstetrics (Maternity)	0	0	0	0	0	0			0%	0%			
	Pediatrics	3	3	0	0	3	3	158	158	14%	14%	1.66	95	95
	Neonatal Intensive Care	0	0	0	0	0	0			0%	0%			
	ICU/CCU/SICU	11	11	3	3	14	14	2,659	3,600	66%	70%	12.78	208	283
+										0%	0%			
	Total Acute	135	135	-5	-5	130	130	31,502	32,443	64%	68%	18.31	7,708	7,783
	Acute Rehabilitation									0%	0%			
+										0%	0%			
	Total Rehabilitation									0%	0%			
	Acute Psychiatric													

Add/Del Rows		Licensed Beds	Operating Beds	Change in Number of Beds (+/-)		Number of Beds After Project Completion (calculated)		Patient Days (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected		Actual	Projected
	Adult	0	0	0	0	0	0			0%	0%			
	Adolescent	0	0	0	0	0	0			0%	0%			
	Pediatric	0	0	0	0	0	0			0%	0%			
	Geriatric	0	0	0	0	0	0			0%	0%			
<div>+ -</div>										0%	0%			
	Total Acute Psychiatric	0	0	0	0	0	0			0%	0%			
	Chronic Disease									0%	0%			
<div>+ -</div>										0%	0%			
	Total Chronic Disease									0%	0%			
	Substance Abuse													
	detoxification									0%	0%			
	short-term intensive									0%	0%			
<div>+ -</div>										0%	0%			
	Total Substance Abuse									0%	0%			
	Skilled Nursing Facility													
	Level II									0%	0%			
	Level III									0%	0%			
	Level IV									0%	0%			
<div>+ -</div>										0%	0%			
	Total Skilled Nursing									0%	0%			

2.3 Complete the chart below If there are changes other than those listed in table above.						
Add/Del Rows	List other services if Changing e.g. OR, MRI, etc	Existing Number of Units	Change in Number +/-	Proposed Number of Units	Existing Volume	Proposed Volume
<div>+ -</div>	OR	7	-2	5	1,321	950
<div>+ -</div>	Outpatient OR	3	1	4	2,983	3,800
<div>+ -</div>	CT	2	0	2	15,284	15,284
<div>+ -</div>	MRI	1	0	1	2,672	2,672
<div>+ -</div>	Endoscopy	5	0	5	6,977	6,977

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Determination of Need

ATTACHMENT 4

AFFILIATED PARTIES FORM



Massachusetts Department of Public Health
Determination of Need
Affiliated Parties

Version: DRAFT
3-15-17

DRAFT

Application Date: 7/30/2021 Application Number: 20121611

Applicant Information

Applicant Name: Steward Health Care System LLC

Contact Person: Andrew Levine Title: Attorney

Phone: 6175986700 Ext: E-mail: alevine@summithealthlawpartners.com

Affiliated Parties

1.9 Affiliated Parties: List all officers, members of the board of directors, trustees, stockholders, partners, and other Persons who have an equity or otherwise controlling interest in the application.												
Add/ Del Rows	Name (Last)	Name (First)	Mailing Address	City	State	Affiliation	Position with affiliated entity (or with Applicant)	Stock, shares, or partnership	Percent Equity (numbers only)	Convictions or violations	List other health care facilities affiliated with	Business relationship with Applicant
<div>+ -</div>	de la Torre	Ralph	1900 N. Pearl Street, Suite 2400	Dallas	TX	Steward Health Care System LLC	Director/Officer			No		
<div>+ -</div>	Doyle	John	1900 N. Pearl Street, Suite 2400	Dallas	TX	Steward Health Care System LLC	Officer			No		
<div>+ -</div>	Holtz	Herbert	1900 N. Pearl Street, Suite 2400	Dallas	TX	Steward Health Care System LLC	Officer			No		
<div>+ -</div>	Boehner	John	1900 N. Pearl Street, Suite 2400	Dallas	TX	Steward Health Care System LLC	Director			No		
<div>+ -</div>	Callum	Michael	1900 N. Pearl Street, Suite 2400	Dallas	TX	Steward Health Care System LLC	Director			No		
<div>+ -</div>	Karam	James	1900 N. Pearl Street, Suite 2400	Dallas	TX	Steward Health Care System LLC	Director			No		Yes
<div>+ -</div>	McMaster	Herbert	1900 N. Pearl Street, Suite 2400	Dallas	TX	Steward Health Care System LLC	Director			No		
<div>+ -</div>	Hernandez	Carlos	1900 N. Pearl Street, Suite 2400	Dallas	TX	Steward Health Care System LLC	Director			No		

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Determination of Need

ATTACHMENT 5

AFFIDAVIT OF TRUTHFULNESS AND COMPLIANCE



Massachusetts Department of Public Health

Determination of Need

Affidavit of Truthfulness and Compliance

with Law and Disclosure Form 100.405(B)

Version: 7-6-17

Instructions: Complete Information below. When complete check the box "This document is ready to print:". This will date stamp and lock the form. Print Form. Each person must sign and date the form. When all signatures have been collected, scan the document and e-mail to: **dph.don@state.ma.us** Include all attachments as requested.

Application Number: 20121611

Original Application Date: 7/30/2021

Applicant Name: Steward Health Care System LLC

Application Type: Emergency

Applicant's Business Type: ☐ Corporation ☐ Limited Partnership ☐ Partnership ☐ Trust ☒ LLC ☐ Other

Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? ☒ Yes ☐ No

Describe the role /relationship: Sole member

The undersigned certifies under the pains and penalties of perjury:

1. The Applicant is ;
2. I have ~~read~~^{*} 105 CMR 100.000, the Massachusetts Determination of Need Regulation;
3. I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800;
4. I have ~~read~~^{*} this application for Determination of Need including all exhibits and attachments, and ~~certify that~~^{**} all of the information contained herein is accurate and true;
5. I have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B);
6. I have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all Parties of Record and other parties as required pursuant to 105 CMR 100.405(B);
7. I have caused, as required, notices of intent to be published and duplicate copies to be submitted to all Parties of Record, and all carriers or third-party administrators, public and commercial, for the payment of health care services with which the Applicant contracts, and with Medicare and Medicaid, as required by 105 CMR 100.405(C), et seq.;
8. I have ~~caused~~^{**} proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR 100.405(E) and 301 CMR 11.00; will be made if applicable
9. If subject to M.G.L. c. 6D, § 13 and 95B CMR 7.00, I have submitted such Notice of Material Change to the HPC - in accordance with 105 CMR 100.405(G);
10. Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project are in material and substantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all ~~previously issued~~^{***} Notices of Determination of Need and the terms ~~and Conditions attached therein~~;
11. I have ~~read~~^{*} and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of Determination of Need as established in 105 CMR 100.415;
12. I understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions pursuant to 105 CMR 100.310, as well as any applicable Other Conditions as outlined within 105 CMR 100.000 or that otherwise become a part of the Final Action pursuant to 105 CMR 100.360;
13. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
14. Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized under applicable zoning by-laws or ordinances, whether or not a special permit is required; or,
 - a. If the Proposed Project is not authorized under applicable zoning by-laws or ordinances, a variance has been received to permit such Proposed Project; or,
 - b. The Proposed Project is exempt from zoning by-laws or ordinances.

LLC

All parties must sign. Add additional names as needed.

Ralph de la Torre, M.D.

Signature:

July 15, 2021
Date

*been informed of the contents of

**have been informed that

***issued in compliance with 105 CMR 100.00, the Massachusetts Determination of Need Regulation effective January 27, 2017 and amended December 28, 2018

Name: _____ Signature: _____ Date _____

This document is ready to print: ☐

Date/time Stamp: