



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

VIA EMAIL

September 6, 2016

Jack Axel, President
Axel and Associates
675 North Court Suite 210
Palatine, IL 60067

Re: Permit #15-039 and #15-040 – Alteration Requests

Dear Jack:

On September 2, 2016 we received the alterations to Permits #15-039 and #15-040. 77 IAC 1130.230 h) 6) requires a fee for an alteration request. The rule states the following:

- A) *An alteration request shall be assessed an application processing fee of \$1,000 and is subject to the requirements of this Section.*
- B) *Alteration requests that are not received at least 45 days prior to the expiration date of the permit shall be subject to an additional \$500 late application processing fee.*
- C) *If payment has not been received within 30 days after receipt of written notice from HFSRB, the request for alteration shall not be processed. Any alteration request received after the completion date is subject to the fines provided in the Act.*

Please send two (2) checks in the amount of \$1,000 each payable to the Illinois Department of Public Health, to the Illinois Health Facilities and Services Review Board, 525 West Jefferson, 2nd Floor, Springfield, Illinois 62761. Attention Bonnie Hills.

Should you have any questions or concerns please contact Mike Constantino or George Roate at Mike.Constantino@illinois.gov or George.Roate@illinois.gov or 217.782.3516.

Sincerely,

A handwritten signature in black ink that reads "Mike Constantino".

Mike Constantino, Project Reviewer
Illinois Health Facilities and Services Review Board