



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**  
**USPO**

April 18, 2017

Asim Shazzad  
Administrator  
Dialysis Care Center  
15786 S Bell Rd  
Homer Glen, IL, 60491

**Re:**                   **Section 1130.650 – Modification of an Application**  
**Project #16-058 – Dialysis Care Center McHenry**  
**Applicants:** Dialysis Care Center McHenry, LLC and Dialysis Care  
Center Holdings, LLC

Dear Mr. Shazzad:

We are in receipt of your change in the project costs for the above referenced project received April 14, 2017 by email. This change in the project costs is considered a modification of the application and requires an extension of the review period. The review period is being extended, and the Project #16-058 is scheduled to be heard at the June 2017 State Board Meeting.

The increase in the project costs will result in an **additional fee of \$173. Payment must be made within thirty days of the date of this letter.**

[ $\$1,215,000 \times .0022 = \$2,673 - \$2,500$  (original payment) = \$173.00]

*“If a modification of an application for permit results in an increase in the total estimated project cost, the application processing fee shall be recalculated on the basis of the revised estimated project cost. This Section is applicable with respect to any additional fees required for a modified application.”*

Should you have any questions or concerns please contact Courtney Avery of my staff at [Courtney.Avery@illinois.gov](mailto:Courtney.Avery@illinois.gov) or 312.814.4825.

Sincerely,

A handwritten signature in blue ink that reads "Kathy Olson".

Kathy Olson, Board Chair



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