

**ARKANSAS HEALTH SERVICES PERMIT AGENCY
MOSAIC TEMPLARS STATE TEMPLE
906 BROADWAY, SUITE 200
LITTLE ROCK, AR 72201
(501) 661-2509**

Request for Site Location Change

Rule Book: Section III, B.1. (b) *“Any movement of a site location for a project approved by the Commission for an existing Permit of Approval is subject to review. The applicant shall submit a request to the Agency in writing, detailing all information required in the original application regarding a site, the reasons for relocating the site from the original application approved, any additional costs associated with the relocation, and the time remaining for completion under various rules and regulations of the Commission regarding implementation of a Permit of Approval.”*

- 1. Site approved on original POA:**

- 2. Proposed new site:**

- 3. Reason for relocation of site: Any cost associated with the change of site:**

- 4. Is new site zoned for proposed facility: Yes___; No___**
 - a. If no, what is timeline for acquiring appropriate zoning?**

- 5. Will site location change have an impact on the timeline for implementing the POA?**
 - a. If yes, describe.**

 - b. If needed, attach request for an extension to implement the POA.**