



## **DCH PLANS TRANSMITTAL LETTER**

**PLEASE COMPLETE ALL OF THE FOLLOWING and PROVIDE ACTIVE MAILING ADDRESSES**

**DATE SUBMITTED:** \_\_\_\_\_ (MINIMUM 45 DAYS PRIOR TO DESIRED START OF CONSTRUCTION)

**CON, LNR or DET NUMBER:** \_\_\_\_\_ (Provide this when a CON, DET or LNR has been obtained)

**Plans for final approval cannot be logged in for review prior to obtaining CON, DET or LNR approval, where applicable.**

**FACILITY NAME:** \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_, **GEORGIA** **ZIP CODE:** \_\_\_\_\_ - \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**CONTACT PERSON: (Dr./Mr./Mrs./Ms.)** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**OWNER: (COMPANY NAME)** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**CONTACT PERSON: (Dr./Mr./Mrs./Ms.)** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**SUBMITTED BY: (COMPANY NAME)** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**CONTACT PERSON: (Dr./Mr./Mrs./Ms.)** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

? Are you the: Architect \_\_\_\_\_ Owner \_\_\_\_\_ Consultant \_\_\_\_\_ Contractor \_\_\_\_\_ Other \_\_\_\_\_

Name & Georgia Registration Number of Architect or Engineer of Record

### **TYPE OF FACILITY**

**HOSPITAL:** \_\_\_\_\_ **NURSING HOME:** \_\_\_\_\_ **AMBULATORY SURGERY CENTER:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_

### **PURPOSE OF SUBMISSION**

**PRELIMINARY or DESIGN DEVELOPMENT REVIEW:** \_\_\_\_\_

**ADDENDUM:** \_\_\_\_\_

**FINAL REVIEW and CONSTRUCTION PERMIT:** \_\_\_\_\_

**REVISIONS:** \_\_\_\_\_

**Estimated Construction Cost:** \_\_\_\_\_

**Total Square Footage of Project:** \_\_\_\_\_

**Estimated Start of Construction:** \_\_\_\_\_

**Estimated Completion:** \_\_\_\_\_

*Specifications and Structural Drawings are not required.*

*(Include any Door, Hardware or Finish Schedules from Specifications.)*

### **CHECKLIST OF ITEMS TO BE INCLUDED WITH FINAL PLAN REVIEW SUBMITTAL**

**FAILURE TO SUBMIT ALL ITEMS BELOW MAY DELAY ACCEPTANCE OF FINAL PLANS FOR REVIEW AND APPROVAL**

- 1) \_\_\_\_\_ **DCH PLANS TRANSMITTAL LETTER**
- 2) \_\_\_\_\_ **DCH PROGRAM NARRATIVE**
- 3) \_\_\_\_\_ **ONE SET OF CONSTRUCTION PLANS - SIGNED & SEALED AS REQUIRED By Georgia Law**
- 4) \_\_\_\_\_ **AN ELECTRONIC COPY OF THE PLANS ON CD or DVD (ADOBE .PDF FORMAT)**
- 5) \_\_\_\_\_ **A COPY OF ANY DCH REGULATORY APPROVAL LETTER: CON \_\_, LNR \_\_ or DET \_\_**

DCH USE ONLY: Date Received: \_\_\_\_\_

DCH Project Number: \_\_\_\_\_