Print Form

Submit plans to: G. ERIK HOTTON JR., ARCHITECT
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2010 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: _____ (REQUIRED ___ - SEE CHECKLIST BELOW)

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_____
Architects Name & Georgia Registration Number: _____

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 Equipment Cost: _____
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

(Plans will not be logged in for final review prior to CON, LNR or DET approvals)

1) ____ DCH PLANS TRANSMITTAL LETTER
2) ____ DCH PROGRAM NARRATIVE FORM
3) ____ ONE SET OF CONSTRUCTION PLANS - SIGNED & SEALED AS REQUIRED
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: _____