



# **DCH INSPECTION REQUEST**

**(PROJECT SHALL BE SUBSTANTIALLY COMPLETE)**

## **PLEASE COMPLETE ALL OF THE FOLLOWING**

**DATE SUBMITTED:** \_\_\_\_\_ **(PLEASE SUBMIT AT LEAST 28 DAYS PRIOR TO SUBSTANTIAL COMPLETION)**  
**DCH PROJECT NUMBER:** \_\_\_\_\_ [ie: FULTON-099] [Located on Construction Permit approval letter]  
**CON, LNR or DET NUMBER:** \_\_\_\_\_ [ie: (GA-2010001)] [Located on Construction Permit approval letter]  
**PROJECT APPROVAL DATES - DCH:** \_\_\_\_\_ **SFM:** \_\_\_\_\_ **LOCAL AHJ:** \_\_\_\_\_  
**FACILITY NAME:** \_\_\_\_\_  
**PROJECT NAME:** \_\_\_\_\_  
**STREET ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ - \_\_\_\_\_  
**FACILITY CONTACT PERSON:** \_\_\_\_\_  
**PHONE NUMBER:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

## **SUBMITTED BY:**

**CONTACT PERSON:** \_\_\_\_\_  
**COMPANY NAME:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**CITY, STATE, ZIP CODE:** \_\_\_\_\_  
**PHONE NUMBER:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_  
**ARE YOU THE? FACILITY** \_\_\_ **ARCHITECT** \_\_\_ **CONTRACTOR** \_\_\_ **CONSULTANT** \_\_\_ **OTHER** \_\_\_\_\_

### **THIS PROJECT IS SCHEDULED TO BE SUBSTANTIALLY COMPLETE ON OR ABOUT:**

\_\_\_\_\_

### **I REQUEST THAT A 100% INSPECTION BE SCHEDULED ON OR ABOUT:**

**(PLEASE SUBMIT REQUEST A MINIMUM OF 28 DAYS PRIOR TO DESIRED INSPECTION DATE)**

\_\_\_\_\_

### **THE OWNER DESIRES TO OCCUPY THIS PROJECT ON OR ABOUT:**

\_\_\_\_\_  
**(INSPECTION SHALL OCCUR BEFORE OCCUPANCY)**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**Job Site Contact Name and Phone Number**

**This form may be submitted by any of the following methods:  
US Mail, Courier, FAX or E-Mail**