



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

Submit to: G. ERIK HOTTON JR., ARCHITECT
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2009 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 2006001)] [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

This form may be submitted by any of the following methods:
 US MAIL, HAND DELIVERY, FAX or E-MAIL
 (See Address above)