



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

Submit plans to: G. ERIK HOTTON JR., ARCHITECT  
Georgia Department of Community Health  
Division of Health Planning  
5<sup>th</sup> Floor, 2 Peachtree Street, NW  
Atlanta, Georgia 30303-3159  
404/656-0457  
Paper FAX 404/656-0654  
E-mail FAX 770/344-4282  
ehotton@dch.ga.gov  
Revised July 7, 2009

## 2009 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: \_\_\_\_\_

**PLEASE ALLOW A MINIMUM OF 45 DAYS REVIEW TIME FOR CONSTRUCTION APPROVAL**

*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** **(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: \_\_\_\_\_