

Submit to: Georgia Department of Community Health
Office of Health Planning - Plans Review Unit
2 MLK King Jr. Drive, East Tower, 16<sup>th</sup> Floor

Atlanta, Georgia, 30334 bistra.spirieva@dch.ga.gov maya.jensen@dch.ga.gov

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## DCH INSPECTION REQUEST

(PROJECT SHALL BE SUBSTANTIALLY COMPLETE)

## PLEASE COMPLETE ALL OF THE FOLLOWING

DATE SUBMITTED:	(SUBMIT AT LEAST 28 DAYS PRIOR TO SUBSTANTIAL COMPLETION)
DCH PROJECT NUMBER:	[ie: FULTON-099-001 - located on Construction Permit letter]
CON, LNR or DET NUMBER:	[ie: (GA-2010001) - located on Construction Permit letter]
FACILITY NAME:	
PROJECT NAME:	
A DDDCCC.	
CITY, STATE, ZIP CODE:	
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? FACILITYARCHI	TECTCONTRACTORCONSULTANT OTHER
THIS PROJECT IS SCHE	EDULED TO BE SUBSTANTIALLY COMPLETE ON OR ABOUT:
I REQUEST THAT A	100% INSPECTION BE SCHEDULED ON OR ABOUT:
	ST A MINIMUM OF 28 DAYS PRIOR TO DESIRED INSPECTION DATE)
THE OWNER DE	ESIRES TO OCCUPY THIS PROJECT ON OR ABOUT:
(INSPI	ECTION SHALL OCCUR BEFORE OCCUPANCY)
	SIGNATURE
Job	Site Contact Name and Phone Number

This form may be submitted by the following method: E-Mail