



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:
ADDRESS:
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? 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