



DCH PLANS TRANSMITTAL LETTER

DATE SUBMITTED: (SUBMIT MINIMUM 45 DAYS PRIOR TO START OF CONSTRUCTION) CON, LNR or DET NUMBER: DATE ISSUED: (PLANS WILL NOT BE LOGGED IN FOR REVIEW PRIOR TO ISSUANCE OF ANY REQUIRED CON, LNR OR DET LETTER)

FACILITY NAME: PROJECT NAME: STREET ADDRESS: CITY: GEORGIA, ZIP CODE: COUNTY: CONTACT PERSON: PHONE NUMBER: E-MAIL:

OWNER: (COMPANY NAME): MAILING ADDRESS: CITY: STATE: ZIPCODE: CONTACT PERSON: PHONE NUMBER: E-MAIL:

SUBMITTED BY: COMPANY NAME: MAILING ADDRESS: CITY: STATE: ZIPCODE: PHONE NUMBER: E-MAIL:

Are you the: Architect Owner Consultant Contractor Other

ARCHITECT OF RECORD: GA REGISTRATION NO:

TYPE OF FACILITY: HOSPITAL NURSING HOME AMBULATORY SURGERY CENTER ENDOSCOPY CENTER IMAGING CENTER OTHER:

PURPOSE OF SUBMISSION: PRELIMINARY REVIEW FINAL REVIEW ADDENDUM REVISIONS

ESTIMATED CONSTRUCTION COST: SQUARE FOOTAGE: ESTIMATED CONSTRUCTION START: COMPLETION:

CHECKLIST OF ITEMS TO BE INCLUDED WITH FINAL PLAN REVIEW SUBMITTAL FAILURE TO SUBMIT ALL ITEMS BELOW MAY DELAY ACCEPTANCE OF FINAL PLANS FOR REVIEW/APPROVAL

- 1) DCH PLANS TRANSMITTAL LETTER 2) DCH PROGRAM NARRATIVE 3) ONE SET OF CONSTRUCTION PLANS - SIGNED & SEALED AS REQUIRED BY GEORGIA LAW 4) AN ELECTRONIC COPY OF THE FLOOR PLANS IN ADOBE .PDF FORMAT 5) A COPY OF ANY DCH REGULATORY APPROVAL LETTER: CON, LNR or DET

Table with 3 columns: DCH USE ONLY, DATE RECEIVED, DCH PROJECT NUMBER