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: _________________
CON, LNR or DET NUMBER: _________________

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

This form may be submitted by any of the following methods: US Mail or E-Mail