



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