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

DCH USE ONLY
DATE RECEIVED  DCH PROJECT NUMBER

Revised August 31, 2020