



# 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