



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 ELECTRONIC SET OF CONSTRUCTION PLANS - SIGNED & SEALED AS REQUIRED BY GEORGIA LAW IN ADOBE .PDF FORMAT
4) A COPY OF ANY DCH REGULATORY APPROVAL LETTER: CON, LNR or DET

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