



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

**This form may be submitted by the following
method: E-Mail**