



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

Submit to: G. ERIK HOTTON JR., ARCHITECT  
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Revised January 15, 2010

# **2010 DCH INSPECTION REQUEST**

**(PROJECT SHALL BE SUBSTANTIALLY COMPLETE)**

## **PLEASE COMPLETE ALL OF THE FOLLOWING**

DATE SUBMITTED: \_\_\_\_\_ **(PLEASE SUBMIT AT LEAST 28 DAYS PRIOR TO SUBSTANTIAL COMPLETION)**  
DCH PROJECT NUMBER: \_\_\_\_\_ [ie: FULTON-099] [Located on Construction Permit approval letter]  
CON, LNR or DET NUMBER: \_\_\_\_\_ [ie: (GA 2010001)] [Located on Construction Permit approval letter]  
PROJECT APPROVAL DATES - DCH: \_\_\_\_\_ SFM: \_\_\_\_\_ LOCAL AHJ: \_\_\_\_\_  
FACILITY NAME: \_\_\_\_\_  
PROJECT NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ - \_\_\_\_\_  
FACILITY 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**

This form may be submitted by any of the following methods:  
US MAIL, HAND DELIVERY, FAX or E-MAIL  
(See Address above)