



DCH PLANS TRANSMITTAL LETTER

DATE SUBMITTED: (PLEASE SUBMIT PLANS A MINIMUM 45 DAYS PRIOR TO DESIRED 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 OR ENGINEER OF RECORD: GEORGIA REGISTRATION NUMBER:

TYPE OF FACILITY:
HOSPITAL NURSING HOME AMBULATORY SURGERY CENTER ENDOSCOPY CENTER
IMAGING CENTER DIALYSIS CENTER OTHER:

PURPOSE OF SUBMISSION:
PRELIMINARY or DESIGN DEVELOPMENT REVIEW
FINAL REVIEW and CONSTRUCTION PERMIT ADDENDUM REVISIONS

ESTIMATED CONSTRUCTION COST: TOTAL SQUARE FOOTAGE OF PROJECT:
ESTIMATED START OF CONSTRUCTION: ESTIMATED 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 AND 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

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