**Submit to:** 



Georgia Department of Community Health Office of Health Planning Plans Review Unit 2 Peachtree Street, NW, 5<sup>th</sup> Floor Atlanta, Georgia 30303-3159

ewilkins@dch.ga.gov

Revised April 1, 2019

## **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 <u>Construction Permit</u> approval letter]
PROJECT APPROVAL DATES - DCI	H: SFM: LOCAL AHJ:
FACILITY NAME:	
PROJECT NAME:	
CITY, STATE, ZIP CODE:	
CONTACT PERSON:	
PHONE NUMBER:	E-MAIL:
	SUBMITTED BY:
CONTACT PERSON:	
COMPANY NAME:	
MAILING ADDRESS:	E-MAIL:OTHEROTHER
CITY, STATE, ZIP CODE:	
PHONE NUMBER:	E-MAIL:
ARE YOU THE? FACILITYARCHI	TECTCONTRACTORCONSULTANTOTHER
THIS PROJECT IS SCHED	ULED TO BE SUBSTANTIALLY COMPLETE ON OR ABOUT:
	0% INSPECTION BE SCHEDULED ON OR ABOUT: T A MINIMUM OF 28 DAYS PRIOR TO DESIRED INSPECTION DATE)
THE OWNER DE	SIRES TO OCCUPY THIS PROJECT ON OR ABOUT:
(INSPI	ECTION SHALL OCCUR BEFORE OCCUPANCY)
	SIGNATURE
Job	Site Contact Name and Phone Number

This form may be submitted by any of the following methods: US Mail, Courier or E-Mail