



DCH PLANS TRANSMITTAL LETTER

PLEASE COMPLETE ALL OF THE FOLLOWING and PROVIDE ACTIVE MAILING ADDRESSES

DATE SUBMITTED: (MINIMUM 45 DAYS PRIOR TO DESIRED START OF CONSTRUCTION)
CON, LNR or DET NUMBER: (REQUIRED - SEE CHECKLIST BELOW)

FACILITY NAME:
PROJECT NAME:
STREET ADDRESS:
CITY: GEORGIA ZIP CODE: COUNTY:
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) PHONE NUMBER:
E-MAIL:

OWNER: (COMPANY NAME)
MAILING ADDRESS:
CITY: STATE: ZIP CODE:
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) PHONE:
E-MAIL:

SUBMITTED BY: (COMPANY NAME)
MAILING ADDRESS:
CITY: STATE: ZIP CODE:
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) PHONE:
E-MAIL:

? Are you the: Architect Owner Consultant Contractor Other

Name & Georgia Registration Number of Architect or Engineer of Record

TYPE OF FACILITY

HOSPITAL: NURSING HOME: AMBULATORY SURGERY CENTER: OTHER:

PURPOSE OF SUBMISSION

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

Estimated Construction Cost: Total Square Footage of Project:
Estimated Start of Construction: Estimated Completion:

Specifications and Structural Drawings are not required.
(Include any Door, Hardware or Finish Schedules from Specifications.)

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

(Plans will not be logged in for final review prior to CON, LNR or DET approvals)

- 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 PLANS ON CD or DVD (ADOBE .PDF FORMAT)
5) A COPY OF ANY REQUIRED DCH REGULATORY APPROVAL LETTER: CON, LNR or DET

DCH USE ONLY: Date Received: DCH Project Number: