



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

Submit plans to: G. ERIK HOTTON JR., ARCHITECT
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2010 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 _____

Architects Name & Georgia Registration Number: _____

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 Equipment Cost: _____

Estimated Completion: _____

Estimated Start of Construction: _____

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 FORM
- 3) _____ ONE SET OF CONSTRUCTION PLANS - SIGNED & SEALED AS REQUIRED
- 4) _____ AN ELECTRONIC COPY OF THE PLANS ON CD or DVD (ADOBE .PDF FORMAT)
- 5) _____ A COPY OF ANY DCH REGULATORY APPROVAL LETTER: CON _____, LNR _____ or DET _____

DCH USE ONLY: Date Received: _____

DCH Project Number: _____