



2009 DCH PLANS TRANSMITTAL LETTER

PLEASE COMPLETE ALL OF THE FOLLOWING and PROVIDE ACTIVE MAILING ADDRESSES

DATE SUBMITTED: August 4, 2009 (MINIMUM 45 DAYS PRIOR TO DESIRED START OF CONSTRUCTION)
CON, LNR or DET NUMBER: n/a at this time (REQUIRED - SEE CHECKLIST BELOW)

FACILITY NAME: CarlinVision ASC
PROJECT NAME: CalinVision ASC
STREET ADDRESS: Lenora Church Rd
CITY: Snellville, GEORGIA ZIP CODE: COUNTY:
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) Jeffrey K Griffin, AIA PHONE NUMBER: 404-310-8827
E-MAIL: jeffreygriffin56@gmail.com

OWNER: (COMPANY NAME) CarlinVision ASC
MAILING ADDRESS: 2347 Lenora Church Rd
CITY: Snellville STATE: GA ZIP CODE: 30078
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) Richard Carlin, MD PHONE:
E-MAIL:

SUBMITTED BY: (COMPANY NAME) JKG Collaborative, LLC
MAILING ADDRESS: 931 Monroe Drive NE Suite A-102-181
CITY: Atlanta STATE: GA ZIP CODE: 30308-1795
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) Jeffrey K. Griffin PHONE: 404-310-8827
E-MAIL: jeffreygriffin56@gmail.com

? Are you the: Architect X Owner Consultant Contractor Other
Architects Name & Georgia Registration Number: Jeffrey K. Griffin GA Registration 6942

TYPE OF FACILITY

HOSPITAL: NURSING HOME: AMBULATORY SURGERY CENTER: X OTHER:

PURPOSE OF SUBMISSION

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

Estimated Construction Cost: not yet available Total Square Footage of Project: 6,265
Estimated Equipment Cost: not yet available
Estimated Start of Construction: 2009 Estimated Completion: 2010

PLEASE ALLOW A MINIMUM OF 45 DAYS REVIEW TIME FOR CONSTRUCTION APPROVAL

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
(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: