

354H Plans Transmittal Letter

Hazardous Materials

**Office of Commissioner of Insurance
Safety Fire Division
620 West Tower, Floyd Building
#2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334
Telephone: (404) 656-9798 Fax: (404) 657-6971**

Please fill out the following completely:

Date: _____

Facility Name: _____ **Phone:** _____

Project Name: _____

Street Address (physical location): _____

City: _____ **County:** _____ **Zip:** _____

Is This Facility: ___ New ___ Existing *If facility is existing, what year installed or last modified: _____

Type of Installation (per NFPA):

___ Self Service	___ Private Service	___ Full Service
___ Unattended Self Service Station	___ Flammable Liquid Bulk Storage	___ Flammable Liquid Utility
___ Liquefied Petroleum Bulk	___ Liquefied Petroleum Utility	___ Compressed Natural Gas
___ Anhydrous Ammonia	___ Explosives	___ Other: _____

Owner: _____ **Phone:** _____

Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Engineer/Contractor: _____ **Phone:** _____

Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Contact: _____ **Phone:** _____

Enclosed are ___ **sets of plans and** ___ **sets of specifications (minimum of 2 sets required)**

Purpose of Submission:

___ License/Permit	___ Preliminary	___ Information Only
___ Review/Approval	___ Resubmitted	___ Other: _____

Review Fee Included: \$ _____ (O.C.G.A. Title 25, Chapter 2)

Federal ID Number (if applicable): _____

Projected Completion Date of Project: _____

Return plans to:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Note: ANY submittal RECEIVED without a COMPLETED H354 TRANSMITTAL FORM will be RETURNED.
This includes addendum, resubmission, and ANY OTHER ITEM that REQUIRES AN ENGINEER'S Review.