

# TRANSMITTAL FORM

## DRAWINGS & SPECIFICATIONS

A separate transmittal form is required for each submittal.

Architect Project Number

ADPH Project Number

First Submittal for this project OR

The Project Name and Location as Provided on the Pre-licensure or License

This space is for ADPH use only.

ADPH acknowledges receipt, as stamped above.

Project Title/Description

Project Phase

Preliminary       Final Stage       Fire Sprinkler

Project Type

Abortion Clinic       Surgery Center  
 Assisted Living       Other  
 Dialysis Center  
 Free-standing Emergency Department  
 Hospital  
 Inpatient Hospice  
 Nursing Home  
 Rehabilitation Center

Building Construction as provided on the drawings

Number of Stories: \_\_\_\_      Sprinkler System? \_\_\_\_  
NFPA Construction Type: \_\_\_\_      IBC Construction Type: \_\_\_\_  
[Type II (111), etc.]

Architect or Sprinkler Contractor Name and Address

Contact Person \_\_\_\_\_  
Phone \_\_\_\_\_ FAX \_\_\_\_\_  
E-mail \_\_\_\_\_

Owner Name and Address

Contact Person \_\_\_\_\_  
Phone \_\_\_\_\_ FAX \_\_\_\_\_  
E-mail \_\_\_\_\_

This plan submittal must include your written response to ADPH comments made on previous submittals.

\_\_\_\_\_  
Printed name of contact person submitting documents

\_\_\_\_\_  
Date

### Courier Address

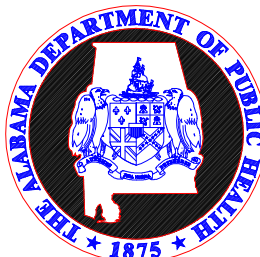
TECHNICAL SERVICES UNIT

ALABAMA DEPARTMENT OF PUBLIC HEALTH

The RSA Tower, Suite 1510

201 Monroe Street

Montgomery, AL 36104



### Mailing Address

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