

# TRANSMITTAL FORM

## DRAWINGS & SPECIFICATIONS

A separate transmittal form is required for each submittal.

Architect Project Number

☐

First Submittal for this project OR

ADPH Project Number

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

Project Title/Description

Project Phase

☐

Preliminary

☐

Final Stage

☐

Fire Sprinkler

Building Construction as provided on the drawings

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

This space is for ADPH use only.

ADPH acknowledges receipt, as stamped above.

Project Type

Abortion Clinic

Surgery Center

Assisted Living

Other

Dialysis Center

Free-standing Emergency Department

Hospital

Inpatient Hospice

Nursing Home

Rehabilitation Center

Rural Emergency Hospital

Specialty Care Assisted Living

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

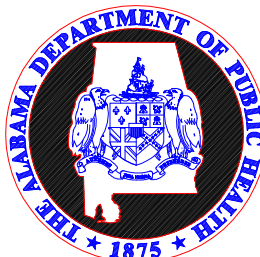
#### TECHNICAL SERVICES UNIT

ALABAMA DEPARTMENT OF PUBLIC HEALTH

The RSA Tower, Suite 1510

201 Monroe Street

Montgomery, AL 36104



### Mailing Address

#### TECHNICAL SERVICES UNIT

ALABAMA DEPARTMENT OF PUBLIC HEALTH

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