

PLAN REVIEW SIGN-OFF TRANSMITTAL SHEET



Building Inspections & Permits Division
 302 S. Madison Avenue, Douglas, GA 31533 | Phone: 912-389-3423
 Email: spridgen@cityofdouglasga.gov or
dmittenen@cityofdouglasga.gov



Project Name: _____

Project Address: _____

Owner/Developer Name: _____ Cell No.: _____

Email: _____

Contractor Company Name: _____ Phone No.: _____

Date Received: _____ Received by: _____

Zoning	<input type="checkbox"/> Approved	<input type="checkbox"/> Revise/Returned	<input type="checkbox"/> Rejected/Returned w/attached comments
Fire Department	<input type="checkbox"/> Approved	<input type="checkbox"/> Revise/Returned	<input type="checkbox"/> Rejected/Returned w/attached comments
Water Department	<input type="checkbox"/> Approved	<input type="checkbox"/> Revise/Returned	<input type="checkbox"/> Rejected/Returned w/attached comments
Sewer Department	<input type="checkbox"/> Approved	<input type="checkbox"/> Revise/Returned	<input type="checkbox"/> Rejected/Returned w/attached comments
Gas Department	<input type="checkbox"/> Approved	<input type="checkbox"/> Revise/Returned	<input type="checkbox"/> Rejected/Returned w/attached comments
Electric Department	<input type="checkbox"/> Approved	<input type="checkbox"/> Revise/Returned	<input type="checkbox"/> Rejected/Returned w/attached comments
Police Department	<input type="checkbox"/> Approved	<input type="checkbox"/> Revise/Returned	<input type="checkbox"/> Rejected/Returned w/attached comments
Building Inspection	<input type="checkbox"/> Approved	<input type="checkbox"/> Revise/Returned	<input type="checkbox"/> Rejected/Returned w/attached comments

Date Returned Revisions/Rejection: _____ By: _____
Building Inspector

OR

Date of Final Approval: _____ By: _____
Building Inspector