

FOR STAFF USE ONLY	DATE/TIMESTAMP
Received By: _____	



**FORSYTH COUNTY  
INSPECTION DIVISION  
LETTER OF TRANSMITTAL**

*INCOMING – THIS SECTION TO BE COMPLETED BY APPLICANT/CONTRACTOR*

PERMIT / PR (PLAN REVIEW) NUMBER \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_ PERMIT TYPE: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME OF INDIVIDUAL THAT REQUESTED THIS INFORMATION: \_\_\_\_\_

**SUBMITTED ITEMS ARE (CHECK ONE OR MORE AS APPLICABLE)**

- |   |  |
|---|--|
| <input type="checkbox"/> New Submittal          | <input type="checkbox"/> Checklist items (plans not approved no permit issued) |
| <input type="checkbox"/> Revisions              | <input type="checkbox"/> Contingency list items                                |
| <input type="checkbox"/> Shop Drawings          | <input type="checkbox"/> Manufacturer's Specs.                                 |
| <input type="checkbox"/> Other (describe below) | <input type="checkbox"/> Special Inspection Report/Form                        |

List Item Below:

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