



**SAFETY FIRE COMMISSIONER**  
 COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL



**Ralph T. Hudgens, Commissioner**  
 2 Martin Luther King Jr., Dr., Suite 620, West Tower, Atlanta, GA 30334  
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www.oci.ga.gov

HAZARDOUS MATERIALS

**354H Plans Transmittal Letter - Hazardous Materials**

**354 H**

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 NEPA):**

- |                                                          |                                                        |                                                   |
|----------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Self Service                    | <input type="checkbox"/> Private Service               | <input type="checkbox"/> Full Service             |
| <input type="checkbox"/> Unattended Self Service Station | <input type="checkbox"/> Flammable Liquid Bulk Storage | <input type="checkbox"/> Flammable Liquid Utility |
| <input type="checkbox"/> Liquefied Petroleum Bulk        | <input type="checkbox"/> Liquefied Petroleum Utility   | <input type="checkbox"/> Compressed Natural Gas   |
| <input type="checkbox"/> Anhydrous Ammonia               | <input type="checkbox"/> Explosives                    | <input type="checkbox"/> 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:**

- |                                          |                                       |                                           |
|------------------------------------------|---------------------------------------|-------------------------------------------|
| <input type="checkbox"/> License/Permit  | <input type="checkbox"/> Preliminary  | <input type="checkbox"/> Information Only |
| <input type="checkbox"/> Review/Approval | <input type="checkbox"/> Re-submittal | <input type="checkbox"/> Other: _____     |

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

**ADDRESS TO REMIT ROLLED & BOXED PLANS & DRAWINGS "WITH FEE":**  
 Georgia Dept. of Insurance-Fire Safety Division, 2 Martin Luther King Jr., Dr., Suite 916, West Tower, Atlanta, GA 30334  
**ADDRESS TO REMIT FLAT PACKAGES (& ALL OTHER EXCEPT ROLLED & BOXED PLANS) "WITH FEE" BY MAIL:**  
 Georgia Dept. of Insurance- Fire Safety Division, P.O. Box 935136, Atlanta, GA 31193-5136  
**ADDRESS TO REMIT FLAT PACKAGES (& ALL OTHER EXCEPT ROLLED & BOXED PLANS) "WITH FEE" BY COURIER:**  
 Wachovia Bank, Georgia Dept. of Insurance- Fire Safety Division, Lockbox 935136, 3585 Atlanta Ave, Hapeville, GA 30354

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 354H TRANSMITTAL FORM will be RETURNED.**

**This includes addendum, re-submission, and ANY OTHER ITEM that REQUIRES AN ENGINEER'S Review.**