



## HRS 103-50 DOCUMENT TRANSMITTAL FORM

The Department/Agency or Design Consultant submitting plans under § 103-50 HRS, should complete and submit this form with the plans to:

**Disability and Communication Access Board**  
919 Ala Moana Blvd., Room 101 Honolulu, HI 96814  
Phone: 586-8121 (V/TTY) FAX: 586-8129  
http: // www.hawaii.gov/health/dcab

ATTENTION:

\_\_\_\_\_  
(DCAB staff name, only if resubmittal)

Date: \_\_\_\_\_

Submission stage:

☐ New submission ☐ Resubmittal (***This form is required for all submittals***)

Who is submitting?

☐ Department/Agency ☐ Design Consultant

Items submitted:

\_\_\_\_\_  
Drawing prints, specify number of sheets \_\_\_\_\_  
\_\_\_\_\_  
Specifications  
\_\_\_\_\_  
Other, please specify \_\_\_\_\_

DCAB#

\_\_\_\_\_ (Refer to previous review if this is a resubmittal)

Project Name:

Location:

Agency Project #:

\_\_\_\_\_ Island: \_\_\_\_\_

\_\_\_\_\_ TMK: \_\_\_\_\_

**NOTE: Fill in all information below for both State or County Department/Agency and Design Firm/Consultant**

Contact Person:

Department/Agency:

Address, City, State, Zip:

Phone Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person:

Design Firm/Consultant:

Address, City, State, Zip:

Phone Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Estimated Construction Cost:

\_\_\_\_\_

Project Phase:

(Check one)

\_\_\_\_\_  
\_\_\_\_\_  
Conceptual Final Prelim Construction Pre-Final Post Construction

Project Type:

(Check all that apply)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
New Transition Plan Historic Site Addition ABR Project Per Legal Settlement Alteration Leased Site

Comments:

\_\_\_\_\_  
\_\_\_\_\_

### BELOW THIS BOX FOR DISABILITY AND COMMUNICATION ACCESS BOARD USE ONLY

Date Received:

DCAB Staff:

Department Code:

Action Taken Code:

Future Action (Y/N) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Review Date:

Island Code:

Facility Type Code:

Turnaround (days):

SSAD (Y/N):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_

Rev 6/11