Peer Review Stamp Sample

By signing this document, I certify that I have reviewed the attached building plan, identified by the address	
Occupancy Classification, and Construction	
Type for the following disciplines:	
,	
and have found such component(s) of the plan to be in	
conformance with the applicable provisions of O.C.G.A. and	
the Code of DeKalb County. I recommend the	
aforementioned components of the attached plan for	
submission under the Expedited Commercial Plan Review	
Program. I further certify that I am an approved Peer	
Reviewer for DeKalb County	
Name:	
Signature:	
Date: Peer Reviewer Number	
State Registration Number	
Architect D.E.	