



Washington State Department of
Health
 Construction Review Services
 310 Israel Rd SE
 PO Box 47852
 Tumwater, WA 98501
 360.236.2944
<http://www.doh.wa.gov/crs>

Construction Review Cherry Harvest Camp/Temporary Worker Housing Application Packet

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Important Information:

Incomplete applications will be returned without review.

In order to process your request:

Return completed application, fee, two copies of the plans, and one copy of the functional program to:

Department of Health
 Construction Review Services
 310 Israel Rd SE MS 47852
 Tumwater, WA 98501

Fee Information:

For Review Fees, please see WAC 246-359-990 for the definition of project cost.



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Construction Review Cherry Harvest Camp/Temporary Worker Housing Application Checklist and Instructions

- Legal Owner Name:** Enter the owner's complete name.

Section #1: Demographic Information:

- Check One:

Please check your **legal owner/operator** business structure type according to your Washington State Master Business License.

Legal Owner/Operator Name: Enter the owner's name as it appears on the UBI/Master Business License.

- Legal Owner Mailing Address:** Enter the owner's complete mailing address.
- Phone and Fax Numbers:** Enter the owner's phone and fax number.
- Uniform Business Identifier Number (UBI #):** Enter your Washington State UBI #. All Washington State businesses must have UBI #'s. city, county, and state government departments also have UBI #'s.
- Federal ID Number (FEIN#):** Enter your FEIN, if the business has been issued one.
- Email and Web Address:** Enter the owner's email and Web addresses, if applicable.
- Facility Name:** Enter the facility's name as advertised on signs or Web site. The facility name should match the name given to the Department in previous applications, and should be the same as indicated on the facility license (if currently licensed).
- Physical Address:** Enter the facility's physical street location of the location where the construction or renovation will occur including city, state, zip and county.
- Phone and Fax Numbers:** Enter the facility's phone and fax number.
- Facility Mailing Address:** Enter the facility's mailing address, if different than physical address.

Section #2: Site Information:

- Project Title:** The project title will identify the work to be performed, will remain the same throughout the project, and should be a limited number of characters. All submissions shall be identified by the facility name and project title.
- Type of Project:** Check the most appropriate type of project. Cherry worker housing only or temporary worker housing.
- Building Permit Jurisdiction:** Enter the local building jurisdiction for this project. CRS works closely with the local building jurisdiction. In some cases there may be two local agencies that have jurisdiction. Please provide both jurisdictions.
- Building Construction Type:** Enter the construction type, such as I-A, III-B, etc.
- Tax Parcel #:** Enter the property tax parcel number.

Construction Review Cherry Harvest Camp/Temporary Worker Housing Checklist and Instructions (continued)

- Sprinkler System Type:** Check the fire sprinkler system type.
- Project Description:** Enter a brief project description. For renovations, include the location within the facility where the renovation will occur (e.g., third floor, west wing, etc.).
- Project Type:** Check the applicable project type.
- Project Cost Estimate Section:** Enter the estimated cost for new construction and alterations/renovations on the appropriate lines. Project cost shall include the cost of all project-related costs except taxes; architectural or engineering fees; and land acquisition fees.
- Project Square Footage:** Enter the square footage.
- Estimated Date of Occupancy:** Enter the estimated date in which the space will be occupied for its intended use.
- Water Supply:** Enter the water supply information.
- Sewage Disposal:** Enter the sewage disposal information.
- Land use:** Enter the land use information.

Section #3: Key Individuals:

Facility Administrator: Enter the administrator name, phone number and email address, if available. This information should be the same as indicated on the application for the facility license. To save time, CRS will often email review comments to the project team members.

Facility Contact: Enter the contact name, phone number and email address, if available. To save time, CRS will often email review comments to the project team members.

Consultant Information: Enter all the consultant information. The consultant is the architect or engineer that will be assisting you with your project. We strongly recommend the services of an architect or engineer be used as early in the project as possible. Licensing regulations require most facilities drawings to be stamped and signed by an architect or engineer registered in the state of Washington.

- Signature:**

Signature of legal owner or authorized representative.

Date signed.

Print name of legal owner or authorized representative.

Print title of legal owner or authorized representative.

Your new MTS license will expire on June 30, 2009. You will receive a renewal notice for this license approximately 60 days before the expiration date.

Contact our office at 360.236.2944, if you have any questions or need assistance in completing the application form. Additional information is available on our Web site at:

<http://www.doh.wa.gov/crs>



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Date
Stamp
Here

Fees	
Plan Review.....	See fee schedule
Finish only	\$120.00
Technical Assistance	410.00
Change of approval use only.....	120.00
Payable in US Funds	

Revenue: 0597633200

Construction Review Cherry Harvest Camp/Temporary Worker Housing Application

1. Demographic Information

Legal Owner/Operator Name _____

Check One

<input type="checkbox"/> Association	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Corporation	<input type="checkbox"/> Municipality (City)	<input type="checkbox"/> State Government Agency
<input type="checkbox"/> Federal Government Agency	<input type="checkbox"/> Municipality (County)	<input type="checkbox"/> Tribal Government Agency
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Trust
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Partnership	

Mailing Address

City	State	Zip	County	Country
------	-------	-----	--------	---------

Phone #	Fax #	Cell #
---------	-------	--------

Email Address

UBI # (Secretary of State #)	Federal Tax ID (FEIN) #
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Web Address

Facility Name

Site Address

City	State	Zip	County
------	-------	-----	--------

Facility Contact Phone #	Fax #
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For Office Use Only		
Check No. _____	Amount _____	CRS Project No. _____

2. Site Information

Project Title _____

Type of Project

Cherry Worker Housing Temporary Worker Housing

Building Permit Jurisdiction _____

Building Construction Type _____

Tax Parcel # _____

Sprinkler System Type

13 13R 13D Other

Project Description _____

Plan Review Finish Only Technical Assistance Change of Approved Use Only
(completed work—no construction required)

Project Cost Information

Temporary Worker Housing Only

See WAC 246-359-990 fees

New Construction

\$

Alterations/Renovation

\$

Fixed installed equipment

\$

Other costs

\$

Total of above

\$

Project square footage _____

Estimated Date of Occupancy _____

Temporary Worker Housing Site Approval Requirements for Plan Review

Please note: All support approval documentation must be attached to this form.

Camp Location meets the requirements stated in WAC 246-359-150 Yes No

Water Supply

City or Water District Name _____ Jurisdiction _____

Telephone _____ Issue Date _____

Water System Name _____ Jurisdiction _____

Group A

Group B

Telephone _____ Issue Date _____

Sewage Disposal

City or Sewer District _____

On site Sewage _____

Local Health Jurisdiction

State Jurisdiction

DOE Jurisdiction

Name _____

Telephone _____ Issue Date _____

Land Use (zoning and building requirements RCW 70.114A.50)

Maximum Building Height

AHJ _____

Name _____ Telephone _____

Property Set Back Requirements

Front _____ Side _____

Back _____

AHJ _____

Name _____ Telephone _____

Road Access

Approval Date _____

AHJ _____

Name _____ Telephone _____

Exempt Non-Exempt

Electrical

Approved for use by

Name _____

L&I Staff _____

Telephone _____ Issue Date _____

3. Key Individuals

Facility Administrator <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	Phone #	Email Address
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Facility Contact <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	Phone #	Email Address
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Consultant Information

Consultant (architect/engineer) Firms Name	UBI #
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Mailing Address	City	State	Zip
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Phone #	Fax #	Email Address
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Project Contact <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	How would you prefer to receive information? <input type="checkbox"/> Email <input type="checkbox"/> Postal Service <input type="checkbox"/> Fax
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Signature

I certify that I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify that the information herein submitted is true to the best of my knowledge and belief.

Signature of Owner/Authorized Representative

Date

Print Name

Print Title