**Pharmacy Remodel Application**

An application for remodel is required for any modification or alteration of a pharmacy’s location that includes changes to a previously approved area, room or pharmacy building. Alterations includes any physical or functional changes, additions, or modifications to an existing pharmacy or a portion of an existing pharmacy. This application and fee will also cover the inspection of a temporary location due to the remodel.

Pharmacies that are under a DOH health care facility license are also required to obtain construction approval through the department’s Construction Review program. DOH health care facility licenses include acute care hospitals, psychiatric hospitals, alcoholism hospitals, ambulatory surgery facilities, and hospices. If you have questions as to whether your pharmacy is required to obtain a construction approval, or you would like to begin the application process, please contact the Construction Review program at: crs@doh.wa.gov

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>State</th>
<th>Zip Code</th>
<th>Facility Phone (enter 10 digit #)</th>
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**Pharmacy Owner**  Pharmacy License #

**Name of Responsible Pharmacist**  Contact Email Address

Provide estimated dates for inspection of remodel and/or temporary location:

- [ ] Temporary Location; or [ ] Pre-remodel site inspection dates: ______________________ 
  Post-remodel site inspection dates: ______________________ 

- [ ] Attach a diagram of the existing prescription area to this application.
- [ ] Attach a diagram of the completed remodeled prescription area to this application.

**Brief description of pharmacy remodel:**

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Signature of Owner/Authorized Representative of Pharmacy ___________________________  Date ______________________

DOH 690-323 August 2019