



Construction Review Services
360-236-2944
<http://www.doh.wa.gov/crs>

Construction Review Application Packet

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Important Information:

Incomplete applications will be returned without review.

In order to process your request you must submit the following:

1. Application and Fee

Mail your completed application and your check or money order payable to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

2. Drawings / Supporting documents

- **Hard Copy Submittals:**

Send two copies of the drawings and one copy of all other documents to:

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

- **Electronic Submittals:**

Login and upload instructions will be provided via email after your application has been processed.

Fee Information:

Every application must be submitted with the appropriate fee based on the following services. Construction review fees are outlined in [WAC 246-314-990](#). In the “Project Type” box in the upper right corner, identify the appropriate type of review based on the following choices. Please contact our office at 360-236-2944 if you have any questions.

- Plan Review**—Check this box if the project is either:
 - **New Construction or Alterations/Renovation:** Fees are based on the initial project cost, which includes all costs directly associated with the project. See page two of this application.
 - **Building Conversion:** A conversion is an existing non-licensed facility wishing to be licensed. Fees are based on the value of existing construction (per sf).
- Installation of Finishes Only Review**—\$150 flat fee. These projects require no physical modifications and include the installation of finishes such as carpet, vinyl wall covering, wallpaper, exterior siding, or paneling applied to an existing surface as the exposed surface.
- Technical Assistance**—\$500 flat fee.
- Mobile Unit Review / Mobile Unit Site Review**—\$575 flat fee for first submission and \$285 for each additional submission. A separate application is required for the review of the mobile unit, and the site installation of that mobile unit.
- Change of Approved Use Review**—\$150 flat fee. Change of use is a change in the function of a room that does not alter the physical elements and construction is not required to meet the regulations for the intended use (i.e. patient room to office). The facility must be currently licensed.

Note: If you checked the wrong box and submit an incorrect fee, you may receive a deficient fee statement or refund.

Application Checklist and Instructions

- Please indicate if you have previously submitted an application for the scope of work defined by the project.
Examples include: technical assistance projects that have become real projects or projects where the scope has significantly changed.

Section #1: Demographic Information:

Owner/Operator Information

- Legal Owner/Operator Name: Enter the owner's name as it appears on the UBI/ Master Business License.
- Mailing Address:** Enter the legal owner/operator's complete mailing address.
- 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.
- Phone:** Enter the owner/operator's phone.
- Email and Web Address:** Enter the owner/operator's email and Web address, if applicable.

Facility Information

- Facility Name:** Enter the facility's name as advertised on signs or website. 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).
- Site Address:** Enter the facility's physical street location of the location where the construction or renovation will occur including city, state, zip and county. Be sure to include a suite number, if you have one.
- Phone:** Enter the facility's phone number.

Section #2: Project/Facility Details:

- Type of Facility:** Check the most appropriate type of facility/license. If your facility has multiple licenses, a separate application must be submitted for each license type.

Enhanced services, residential treatment, and assisted living facilities provide different types of services. Check the applicable boxes for the type of services planned. For example, assisted living facilities may provide contract services such as:

- ALS—Assisted Living Services
- EARC/EARC-SDCP—Enhanced Adult Residential Care (Specialized Dementia Care Program)
- ARC—Adult Residential Care

Application Checklist and Instructions (continued)

- Creation of new license:** If this project creates a newly licensed facility, check the box next to “creates a new license”. If this project amends a license, such as renovating licensed space or adding a new building to an existing license, check the box next to “amends a current license”.
- Change in bed capacity:** Determine if the 24 hour stay bed capacity is changed by this project. Check the most appropriate box.
- Estimated Date of Construction Completion:** Enter the estimated date in which the construction will be completed.
- Projects that correct citations:** Check yes if this project was created to correct a deficiency or correction cited in a state inspection or federal survey.
- Additional details:** If you are not sure about an item, please leave it blank.
 - **IBC construction type and occupancy group:** Provide the classification as defined by International Building Code.
 - **Fire alarm system provided:** Check yes if there is an interconnected system of fire alarm devices in the building.
 - **Fire sprinkler system provided:** Check yes if there is an automatic fire sprinkler system in any or all of the buildings.
 - **Building permit jurisdiction:** Fill in the name of the building department that you would get a permit from for this project, if one were required.

Section #3: Project Cost Estimate:

- 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. Certain equipment costs may be waived from being included in the construction cost upon the approval of CRS. A request shall be made to CRS in writing before the approval can be granted.

A [fee calculator](#) is available for your use.

For Building Conversions, enter the total square feet of the area to be reviewed.

To determine the value of the building, multiply the total square feet by the cost per square foot data found on our website at www.doh.wa.gov/crs. You do not use this section for any flat fees.

Section #4: Project Description:

- Project Title:** The project title should 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.

Project title examples: Proposed boarding home, lobby renovation, change office to resident room.

- 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.).

Application Checklist and Instructions (continued)

Section #5: Project Communications:

Provide contact information for those individuals that you want to be copied on project correspondence. CRS will email review comments to each individual listed.

- Facility Administrator:** Enter the administrator name, phone number, and email address. Acceptable alternates to the administrator include the CEO, CFO, or COO.
- Facility Contact:** Enter the contact name, phone number and email address. Provide a cell phone number if available. This should be a designated representative of the facility who can make broad decisions about the project and facility operation, not the design professional in charge of the project.
- Design Professional in Charge:** Enter the firm's name, main contact, address, phone, cell, and email address.
- Additional Contacts:** Enter additional project contacts that would be helpful during the review of this project. This can include engineers, contractors, and project managers. We strongly recommend listing the mechanical, electrical, and plumbing engineers.

Section #6: Document Delivery Method:

Choose delivery method: Projects can be submitted one of two different ways:

- Hard copy submissions require delivery of two paper copies of the stamped and signed drawings.
- Electronic submissions require upload of PDF files to the department's secure file transfer (SFT) site.

You must pick one method that will remain consistent for the duration of the project.

- Hard copy delivery contact:** If you choose the hard copy method, provide the contact details for where the approved copies of the paper drawings will be delivered. This person is also responsible for ensuring the drawings are delivered to and maintained at the project site.
- Electronic data manager:** If you choose the electronic method, provide the contact details for the person who will be responsible for maintaining the password for the secure file transfer site. This person is also responsible for ensuring the drawings are sent to and maintained at the project site.
- Signature:**
Signature of legal owner or authorized representative.
Date signed.
Print name and title of legal owner or authorized representative.



Send application with fees to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

**Deliver hard copy drawings
and project materials to:**

Construction Review Services
111 Israel Rd SE
P.O. Box 47852
Tumwater, WA 98501
360-236-2944

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

Revenue: 0597633200

Project Type
Please check one:
<input type="checkbox"/> Plan Review
<input type="checkbox"/> Finish only
<input type="checkbox"/> Technical Assistance
<input type="checkbox"/> Mobile Unit or Mobile Unit Site
<input type="checkbox"/> Change of Approved Use Only

Construction Review Application

Have you submitted an application for this project before (e.g. an application for technical assistance)?

Yes No

If yes, provide the CRS project number _____

1. Demographic Information

Owner/Operator Information

Legal Owner/Operator Name

Mailing Address

City	State	Zip Code	County
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UBI # (Secretary of State #)	Phone (enter 10 digit #)
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Email address	Web Address
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Facility Information

Facility Name

Site/Physical Address	Suite
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City	State	Zip Code	County
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Facility Contact Phone (enter 10 digit #)

For DOH Use Only

Applicable Fee: _____

Fee Received: _____

Balance Due: _____

CRS Project No.: _____



2. Project/Facility Details

Type of Facility/License:

- | | | |
|---|--|--|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Psychiatric Hospital | <input type="checkbox"/> State Facility |
| <input type="checkbox"/> Hospital-licensed Outpatient Clinic | <input type="checkbox"/> Child Birth Center | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Hospice Care Center | <input type="checkbox"/> Correctional Facility |
| <input type="checkbox"/> Alcohol & Chemical Dependency Hospital | <input type="checkbox"/> Ambulatory Surgery Facility | <input type="checkbox"/> Nursing Home |

- | | | |
|--|---|---|
| <input type="checkbox"/> Enhanced Services Facility (ESF)
(Choose One:) | <input type="checkbox"/> Residential Treatment Facility
(Choose all that apply:) | <input type="checkbox"/> Assisted Living Facility
(Choose contracts, if applicable:) |
| <input type="checkbox"/> ESF—Nursing Home | <input type="checkbox"/> Mental | <input type="checkbox"/> ALS |
| <input type="checkbox"/> ESF—Assisted Living | <input type="checkbox"/> Chemical | <input type="checkbox"/> EARC/EARC-SD |
| <input type="checkbox"/> ESF—Adult Family Home | <input type="checkbox"/> Restraint | <input type="checkbox"/> ARC |

This project (choose one): Creates a new license amends a current license
(adds or renovates a building)

This project (choose one): does not change bed capacity adds bed capacity reduces bed capacity

Estimated date of construction completion _____ Does this project correct a citation? Yes No

If known, provide the following: IBC Construction Type: _____ IBC Occupancy Group: _____

Fire Alarm System Provided? Yes No Fire Sprinkler System Provided? Yes No Building Permit Jurisdiction (City/County) _____

3. Project Cost Estimate [Fee Calculator](#)

(This is not for flat fees list on page one of this application)

New Construction Cost Estimate		\$
Alterations/Renovations		\$
Building Conversion	total square feet of area=	\$
Fixed installed equipment		\$
Equipment Cost Adjustment*		\$
Construction Cost Estimate Total		\$
Fee from table (WAC 246-314-990)		\$
Architect Reduction*		Less %
Previously Licensed Reduction*		Less %
	Adjusted Fee	\$

*Must be pre-approved by DOH Construction Review Services. Attach copy of approval.

4. Project Description (attach additional pages if necessary)

Project Title:

Description:

5. Project Communications

Facility Administrator (Facility administrator, CEO, CFO, COO)

Name

Phone

Email Address

Facility Contact (Facility Construction Manager, Facility Engineer, Contact Project Manager, Etc.)

Name

Phone

Cell

Email Address

Design Professional in Charge (Architect or Engineer)

Company Name

Main Contact

Mailing Address

City

State

Zip Code

Phone

Cell

Email

Additional Contact

Name

Phone

Email

Name

Phone

Email

Name

Phone

Email

Name

Phone

Email

6. Document Delivery Method-Choose **one method** that will remain consistent for the entire project:

Hard Copy

Provide the contact information for approved drawing set to be delivered to. This contact is responsible for ensuring these sets are delivered to and maintained at the project site.

Electronic

Provide the contact information for the primary electronic data manager. This person is responsible for: maintaining the secure file transfer password, downloading approved drawing set, and delivering them to the project site.

Company Name

Company Name

Name

Name

Phone

Phone

Email

Email

Mailing Address

City

Login instructions and a password will be emailed to this contact when the application and fees have been processed.

State

Zip Code

Signature

I certify that I have received, read, understood, and agree to comply with state law and rule. 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