

**Construction Review Services Program (CRS)**

**Fee Waiver/ Fee Reduction Request Form**

[WAC 246-314-990](http://apps.leg.wa.gov/wac/default.aspx?cite=246-314-990) (1) and (5)(b), (5)(c)

Health care facilities must use this form to request a fee waiver or fee reduction. Sign and submit it to CRS *prior* to submitting an application for plan review.

Facility Name:

Street/PO Box:

City:       State:       Zip Code:

Project Title:

**Fee Waiver Request** (complete only if Fee Waiver per WAC 246-314-990(1) applies). Please attach supporting documents, such as: purchase order, cost estimate(s) from manufacturer, etc.

Type of Fixed/Installed Technologically Advanced Clinical Equipment:

Manufacturer:

Model:

Cost: ­

**Fee Reduction Request** (complete only if an Architect is Not Required per WAC 246-314-990(5)(b) or if Occupancy/License Conversion per WAC 246-314-990(5)(c) applies)

Description of why this reduction applies:

Facility Representative (Required):

X       X

Signed By (please print) Signature

Please return the completed and signed form along with the supporting documents to:

Mail: Construction Review Services

Attn: Permit Technician

111 Israel Rd SE, MS: 47852

Tumwater, WA. 98501

Email: [crs@doh.wa.gov](mailto:crs@doh.wa.gov)