

STATE OF WASHINGTON

COMMERCIAL COACH REGULATIONS

Effective: July 1, 2016 to January 31, 2021  
(Except as Noted)

Commercial Coaches built for and used in Washington State are inspected by the Department of Labor and Industries, Field Services & Public Safety Division and are to be constructed to comply with the following codes. Commercial Coach WAC rules can be found at the website below. Washington State amendments and Washington State stand alone codes are available as shown in brackets ( ).

1. Rules for Commercial Coaches

Chapter [296-150C WAC](#) (Dated 02-04-2020) [\(Website\)](#)  
(Note: As new rules become effective they will be published on our [website](#))

2. International and Uniform Codes as Adopted per the Washington State Building Code RCW 19.27. *NOTE: see WAC 296-150C for applicable sections.*

- A. *2015 International Building Code (IBC) and Washington State amendments to the 2015 International Building Code adopted by Chapter WAC 51-50* (WABO)
- B. *2015 International Mechanical Code (IMC) and Washington State amendments to the 2015 International Mechanical Code as adopted by Chapter WAC 51-52* (WABO)
- C. *2015 Uniform Plumbing Code (UPC) and Washington State amendments to the 2015 Uniform Plumbing Code as adopted by Chapter WAC 51-56* (WABO)

3. Washington State stand alone codes as adopted under the Washington State Building Code RCW 19.27 and 19.27A

- A. Washington State Energy Code, 2015 Edition as adopted by Chapter 51-11C WAC (WABO)

4. Washington State Electrical Laws, Rules and Regulations:
  - A. RCW 19.28; WAC 296-46B (Current Edition) (L&I Elect.)
  - B. 2017 National Electrical Code (NEC) as adopted by RCW 19.28 and WAC 296-46B
5. Other state agency rules that may be applicable:  
(NOTE: List may not be all inclusive)
  - A. Primary and Secondary Schools - WAC 246-366 (Health)
6. Also enclosed for your use are:
  - A. "Plan Approval Request" form and instructions for completing.
  - B. "Application for Insignia" form and instructions for completing.
  - C. Procedural bulletins and procedures affecting Commercial Coaches.

Copies of Codes are available as follows:

(WABO) The Washington Association of Building Officials  
 P. O. Box 7310  
 Olympia, WA 98507-7310  
 Telephone: (360) 628-8669

Web Site [www.wabo.org](http://www.wabo.org)

(L&I Elect.) Department of Labor and Industries  
 Specialty Compliance Services Division  
 Electrical Section  
 7273 Linderson Way SW ms: 4460  
 Tumwater, WA. 98501  
 Web Site: <https://lni.wa.gov/licensing-permits/electrical/laws-rules-policies>  
 PO Box 44460 (Mailing address)  
 Olympia, WA 98504-4460  
 Telephone: (360) 902-5244

(Health) Department of Health  
 (Local Health Department)



STATE OF WASHINGTON  
 DEPARTMENT OF LABOR AND INDUSTRIES  
 Field Services & Public Safety  
*Factory Assembled Structures*  
 PO Box 44430 Olympia, Washington 98504-4430

**To:** Commercial Coach Trailer Manufacturers

**From:** Shane Daugherty, FAS Program Chief

**Subject:** Required Inspections

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**[WAC 296-150C-0500](#) When Is an inspection required? (1)** Before we issue an insignia, each factory-built house, commercial structure, and component must be inspected at the **MANUFACTURING LOCATION** as many times as are required by the codes. (See [WAC 296-150C-0800](#))

NOTE: Approved design plans; specifications, engineering analysis and test results **must** be available during the inspections.

**Inspection may include but not be limited to the following codes:**

**2015 International Building Code: section 110.3**

**110.1 General.** Construction or work for which a permit is required shall be subject to inspection by the building official and such construction or work shall remain accessible and exposed for inspection purposes until approved.

**110.3.4 Frame inspection.** Framing inspections shall be made after the roof deck or sheathing, all framing, fireblocking and bracing are in place and pipes, chimneys and vents to be concealed are complete and the rough electrical, plumbing, heating wires, pipes and ducts are approved.

**110.3.5 Lath or gypsum board inspection.** Lath and gypsum board inspections shall be made after lathing and gypsum board, interior and exterior, is in place, but before any plastering is applied or gypsum board joints and fasteners are taped and finished.

**110.3.6 Fire-resistant penetration inspection.** Protection of joints and penetrations in fire-resistance-rated assemblies, smoke barriers and smoke partitions shall not be concealed from view until inspected and approved.

**110.3.8 Other inspection.** In addition to the inspections specified above, the building official is authorized to make or require other inspections of any construction work to ascertain compliance with the provisions of this code and other laws that are enforced by the department of building safety.

**110.3.9 Special inspection.** To be made as required by section 1704.

**110.3.10 Final inspection.** To be made after the building is completed and ready for shipment.

### **2015 International Mechanical Code: section 107**

**107.1 General.** Mechanical systems for which a permit is required by this code shall be subject to inspection by the building official and such mechanical systems shall remain accessible and exposed for rough in and final inspections until approved by the building official.

### **2015 Uniform Plumbing Code**

**105 .1 General.** Plumbing systems for which a permit is required by this code shall be inspected by the Authority Having Jurisdiction. No portion of any plumbing system shall be concealed until inspected and approved. Neither the Authority Having Jurisdiction nor the jurisdiction shall be liable for expense entailed in the removal or replacement of material required to permit inspection. When the installation of a plumbing system is complete, an additional and final inspection shall be made. Plumbing systems regulated by this code shall not be connected to the water, the energy fuel supply, or the sewer system until authorized by the Authority Having Jurisdiction.

### **2015 Washington State Energy Code: section C104**

**104.1 General:** All construction or work for which a permit is required shall be subject to inspection by the building official and all such construction or work shall remain accessible and exposed for inspection purposes until approved by the building official. No work shall be done on any part of the building or structure beyond the point indicated in each inspection without first obtaining the approval of the building official.

### **RCW 19.28.101 & 2017 National Electrical Code**

No electrical wiring or Equipment subject to this chapter may be concealed until the inspector making the inspection has approved it. If the electrical system exceeds 200 amps or single phase, the manufacturer must advise the department so that appropriate inspection personnel can be provided.

**WAC 296-150C-0510 How do I request an inspection?** (1) You need to contact us, and we will let you know where your request for inspection should be submitted. Our address is noted in the **definition of department**.

(2) We need to receive **IN-STATE** inspection request at least seven calendar days **prior to** the date that you want the inspection.

(3) We need to receive **OUT-OF-STATE** inspection requests at least fourteen calendar days in **WRITING** **prior to** the date that you want the inspection. With your request please submit a map and directions from the closest commercial airport to your facility. Please include on your map and directions, your manufacturers name, physical address, city, area code, phone number and contact person.

#### **To request an out-of state inspection you need to contact:**

**Physical Address:** Plan Review Supervisor  
 Department of Labor and Industries  
 7273 Linderson Way SW (MS: 4430)  
 Tumwater, WA. 98501

**Mailing Address:** PO Box 44430  
 Olympia, WA 98504-4430  
**Phone: 1-800-705-1411 Option 3**  
**Fax: 360-902-5229**  
**Email: [FAS1@lni.wa.gov](mailto:FAS1@lni.wa.gov)**

**NOTE:** The Department will apply an insignia(s) on the factory built structure(s) at the manufacturing location after the final inspection.

If you have any question about the inspection process please call The Factory Assembled Structured Department at 1-800-705-1411 Option 3, Fax at 360-902-5229 or email at [FAS1@lni.wa.gov](mailto:FAS1@lni.wa.gov).



STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES  
Field Services & Public Safety  
*Factory Assembled Structures*  
PO Box 44430 Olympia, Washington 98504-4430

July 20, 2020

TO: All Manufacturers of Factory Built Structures and  
Commercial Coaches

FROM: Shane Daugherty, FAS Program Chief

SUBJECT: **Forms Required for Compliance with 2015 Washington State  
Energy Code**

Forms for demonstrating compliance with the current energy code are available on line at [www.energy.wsu.edu/BuildingEfficiency.aspx](http://www.energy.wsu.edu/BuildingEfficiency.aspx) for residential buildings and at [www.wseccompliancedocuments.com](http://www.wseccompliancedocuments.com) for commercial buildings and commercial coach trailers. In an effort to support uniformity of enforcement statewide, the Department of Labor and Industries will require the use of these forms for all buildings submitted to the department.

Please note that not all forms contained in the package may be required for each building, i.e., the envelope UA Calculations (ENV-UA) would not be required for a building qualifying under a prescriptive path.



10.	Dept. Insignia No.		Mfg Serial No.			Approved Plan No.			POD _____	Fee
	ROOF	WIND	TD	ESL	P	AC	TC	OG	OF _____	\$
11.	Dept. Insignia No.		Mfg Serial No.						POD _____	Fee
									OF _____	\$
12.	Dept. Insignia No.		Mfg Serial No.						POD _____	Fee
									OF _____	\$
13.	Dept. Insignia No.		Mfg Serial No.						POD _____	Fee
									OF _____	\$
14.	Dept. Insignia No.		Mfg Serial No.						POD _____	Fee
									OF _____	\$
15.	Dept. Insignia No.		Mfg Serial No.						POD _____	Fee
									OF _____	\$
16.	Dept. Insignia No.		Mfg Serial No.						POD _____	Fee
									OF _____	\$
17.	Dept. Insignia No.		Mfg Serial No.						POD _____	Fee
									OF _____	\$
18.	Dept. Insignia No.		Mfg Serial No.						POD _____	Fee
									OF _____	\$
19.	Dept. Insignia No.		Mfg Serial No.						POD _____	Fee
									OF _____	\$
20.	Dept. Insignia No.		Mfg Serial No.						POD _____	Fee
									OF _____	\$
21.	Dept. Insignia No.		Mfg Serial No.						POD _____	Fee
									OF _____	\$
22.	Dept. Insignia No.		Mfg Serial No.						POD _____	Fee
									OF _____	\$
23.	Dept. Insignia No.		Mfg Serial No.						POD _____	Fee
									OF _____	\$
24.	Dept. Insignia No.		Mfg Serial No.						POD _____	Fee
									OF _____	\$
25.	Dept. Insignia No.		Mfg Serial No.						POD _____	Fee
									OF _____	\$
26.	Dept. Insignia No.		Mfg Serial No.						POD _____	Fee
									OF _____	\$
27.	Dept. Insignia No.		Mfg Serial No.						POD _____	Fee
									OF _____	\$
28.	Dept. Insignia No.		Mfg Serial No.						POD _____	Fee
									OF _____	\$



## DEPARTMENT OF LABOR AND INDUSTRIES

### INSTRUCTIONS FOR COMPLETING APPLICATION FOR INSIGNIA FOR COMMERCIAL COACHES (form [F623-019-000](#))

1. *Provide the Manufacture name, address, phone and fax number if available.*
2. *Provide the Manufacture Identification number that was assigned by the Department upon approval of the manufacturer's first plan. i.e.: CC22.*
3. *Check the box appropriate for you type of unit. Permanent is first time labeled. Alteration is a label showing an alteration was performed on a previously labeled unit. Replacement is for ordering a replacement label for one that was removed.*
4. *Indicate which state's insignias will be affixed to your structure.*
5. *Provide the name of the contact person requesting these insignia(s) should any questions arise. Also provide date the application was sent to the Department, sign, and provide a contact person, and phone number.*
6. *Enter the total fee for all insignias ordered on this form.*
7. *The department will generate this number. Each module will have a different number.*
8. *Enter the unique manufacturer serial number for each module.*
9. *If submitting this form with a new plan, leave blank and the department will complete it after your plan is approved. If submitting this form to be used with a previously approved plan, enter the plan approval number.*
10. *Indicate which module of the total number of modules required in the building configuration is being requested. ie: 1 of 1 or 3 of 6.*
11. *Show the fee for each module. (See [WAC 296-150C-3000](#)).*
12. *Indicate the live roof load in the pounds per square foot for which the building was designed.*
13. *Indicate the wind load/or which the building was designed to in pounds per square foot.*
14. *Indicate the temperature differential or energy code zone which the building is designed/or.*
15. *Show the ampere size and phase of the electrical service to the whole building.*
16. *Indicate the number of plumbing fixtures (not fixture units) in the building.*
17. *Indicate yes' or 'no' regarding air conditioning in the building.*
18. *Indicate the type of construction of the building (IBC chapter 6).*

19. *Indicate the occupancy classification of the building (IBC chapter 3).*
20. *Indicate type of heating in the building (heat pump, electric furnace, wall heaters, etc).*
21. *Show the total number of insignias on both the front and back of this request. Indicate how you wish insignias to be forwarded to the inspector. If requesting overnight delivery service., you must indicate the carrier to be used and your account number to be billed.*

Applicant: Fill out completely

For Postal Delivery

Department of Labor and Industries
Factory Assembled Structures
PO Box 44430
Olympia WA 98504-4430



For Non-Postal Delivery (e.g., FedEx, UPS)

Department of Labor and Industries
Factory Assembled Structures
7273 Linderson Way SW
Tumwater WA 98501
www.wa.gov/lni (case sensitive)

Form with checkboxes for delivery options: WA Only, WA Rev/Courtesy, Rev/WA Courtesy, Other state, State ID

Form for Manufacturer, Mfg No., Plans to be returned to: Address, City/State/ZIP

FOR DEPARTMENT USE ONLY

Table with columns: Fee Ledg Sht #, Check #, \$ Amount, Application ID, Ap No., Date approved, Expiration date

PLAN APPROVAL REQUEST

FACTORY BUILT STRUCTURES

Form for contact person's printed name, Date, Fee enclosed, Signature, Phone No, FAX No

Form for plan details: New plan (Master design), Renewal, Addendum, AP No., Initial MFG filing, Resubmittal, Plans review by L&I listed professional

Note: Identify addendum items on plan!

Large form for building specifications: Code cycles, Size of building, Type construction, Roof live load, Plot plan submitted, Type heat, Type of fuel, Insulation values, WSEC compliance, Energy calculations, Electrical service

Table for structural and system details: Structural calculations, Truss or rafter drawing, HVAC drawing, Foundation plan, etc.

Form for return plans: RETURN PLANS VIA: Regular mail, Overnight @ customer's expense, Carrier, Other, Acct #



[www.wa.gov/lni](http://www.wa.gov/lni)  
 (case sensitive)

Please fill out fee worksheet for each plan or each insignia request.

For fee schedules see WAC 296-150F-3000

FAS FEE SCHEDULE	TOTAL AMOUNT
Initial filing fee ( <b>One time only</b> ) <span style="float: right;">This is for beginning mfg. only</span>	\$
Initial fee-Master Design	\$
Initial fee-one year design	\$
Addendum fee	\$
Renewal fee	\$
Resubmittal fee	\$
Extra copies of plans    \$                      X Quantity                      =	\$
Reciprocal plan review	\$
Courtesy review fee	\$
Plans approved by design professionals	\$
<i>Total of insignia and NLEA fees paid (If applicable)</i>	\$
<i>Total of electrical fees paid (if applicable)</i>	\$
<b>Total Fees Paid \$</b>	\$
List other plans the enclosed check applies to:	
Serial or Model #	
Serial or Model #	
Serial or Model #	
Serial or Model #	

**Through which service should the plans be returned? Please fill out overnight carrier (Federal Express, UPS, etc.) and account number if you wish to have your plans returned by overnight mail.**

For Postal Delivery
Department of Labor and Industries
Factory Assembled Structures
PO Box 44430
Olympia WA 98504-4430



For Non-Postal Delivery (e.g., FedX, UPS)
Department of Labor and Industries
Factory Assembled Structures
7273 Linderson Way SW
Tumwater WA 98501
www.wa.gov/lni (case sensitive)

- WA Only
WA Rev/ Courtesy
Rev/WA Courtesy
Other state reciprocity

Manufacturer (1) Mfg No. (2)
Plans to be returned to: Address
City/State/ZIP

FOR DEPARTMENT USE ONLY

Fee Ledg Sht #, Check #, \$ Amount, Application ID, Ap No., Date approved, Expiration date

PLAN APPROVAL REQUEST
FACTORY BUILT STRUCTURES

Contact person's printed name: (4) Signature, Phone No, FAX No, Date, Fee enclosed \$

New plan (Master design) (5) (1 Yr design) See appropriate WAC for fees
Renewal (7) AP No. Initial MFG filing (6)
Addendum (9) AP No. Resubmittal (8)
Plans reviewed by L&I listed professional (10)

Code cycles (month/year): (11) IBC, IRC, IMC, UPC, NEC, WSEC, VIAO, IFC
Size of building: (12) Width, Length, Area (Sq Ft), No of modules (13), Occupancy group (14)
Type construction: (15) Use: (16) SUB yr (17) SEC yr, Seismic: (18)
Roof live load PSF: (19) Wind load MPH - EXP: (20) Floor load PSF: (21)
Plot plan submitted? (22) Yes No, Front, Rear, Left side, Right side
Type heat: (23) Central forced air, Hydronics, Baseboard, Fan powered room heater, Other
Type of fuel (24) Electric, Natural gas, Propane, Oil, Other
Insulation values: (25) Floor, Walls, Roof (Flat), Roof (Vault), Heating zone (26) Zone 1, Zone 2
WSEC compliance chapter: (27) Component Performance, Systems Analysis, Prescriptive, N/A
Energy calculations: Attached L&I Review, On file - AP#, Heat Pump, Air conditioning
Electrical services: (28) Amps, Phase 1, 3

Structural calculations or test proposals
Truss or rafter drawing(s) (29)
Truss plan if over 3 different trusses
Girder truss or ridge beam drawing
HVAC drawing
Cross section and elevation
Foundation plan
Electrical load demand calculation
Panel box schedule/Electric load calc's
Chassis drawing (CC units only)
Plumbing systems:
Operating pressure (30) to No of fixtures Total developed length

RETURN PLANS (31) Regular mail, Overnight @ customer's expense, Carrier
VIA: Other
Acct #

INSTRUCTIONS FOR "PLAN APPROVAL REQUEST" FORM  
FOR FACTORY BUILT STRUCTURES

1. Provide Manufacturer or applicant name, address, and telephone number.
2. Manufacturer ID number is assigned upon receipt of the first plan (e.g. M-22), If you already have an assigned number then fill this space in.
3. Indicate if this plan is submitted under the terms of a reciprocity agreement with another state. Indicate this in one of the last three boxes, otherwise check WA only.
4. Print and sign the name of the contact person responsible for this plan should questions about this submittal arise. Include on this line the date this plan was sent to the Department and the fee enclosed for this building. See [WAC 296-150C-3000](#) for fee schedules. Provide an extension number or direct line, email address and FAX number if available for the contact person.
5. Use this line if this is a new plan submitted for the first time. Indicate the appropriate fee paid for a plan to be approved for the duration of the code cycle (Master Design) or for a plan to be approved for one year.
6. Use this line only if this is the first application from a manufacturer. This is a ONE TIME ONLY FEE for new FBS manufacturers. See [WAC 296-150C-3000](#) for the current fee.
7. Use this line only when you wish to renew a previously approved plan Indicate the fee for renewals. Use the AP No. line to show the approved plan number you wish to renew.
8. Use this line only if this is a resubmittal response to a previously reviewed and rejected plan. Indicate the fee required for resubmittals.
9. Use this line only if the submittal is an addendum to a previously approved plan. Indicate the fee paid and the approved plan number that you wish to amend.
10. If your plan was reviewed by a department approved Design Professional firm; indicate the appropriate fee from the current WAC's on this line.
11. Use this line to indicate the effective dates of the codes under which this plan is being submitted. As of July 1, 2013 these would be: IBC, IRC, IMC: 2012; UPC: 2012; NEC: 2008; WSEC: 2012; IFC: 2012. Please note that the date for each code indicates the year for the beginning of enforcement of that code or the latest amendment enforced for that code by the Department, not the year of the code publication.
12. List the width and length of the building. For irregular buildings, give the longest dimensions. Include the square foot area of the building.
13. Use this space to show the total number of modules required to construct one whole building.
14. Use this space to show the occupancy group of the building from IBC Chapter 3. For mixed occupancy building, show the largest occupancy first, the next largest occupancy within the building second, etc. (e.g. B/M/H-2).
15. Use this line to indicate the type of construction of the building from IBC Chapter 6. Also indicate the sub category behind the appropriate Roman numeral (e.g. II-A).

16. Describe the primary use of the building (e.g. classroom, church office, etc).
17. Indicate the edition of the International Building Code and the National Electrical Code being used in the spaces marked SUB yr and SEC yr.
18. Indicate the value of the seismic acceleration factor  $S_s$ , and the site classification used in the seismic design from IBC figure 1615.1.
19. List the roof live load capacity in pounds per square foot.
20. Indicate the wind load for which the building is designed in miles per hour/exposure class.
21. List the floor live load in pounds per square foot.
22. Indicate "yes" if a plot plan is included in the submittal. If "no" you must provide distances from the building to property lines and adjacent buildings.
23. Check the type of heating to be installed in the building. Use "other" to describe systems not shown or indicate N/A if there is no heating or cooling system.
24. Check the type of fuel used in the heating or cooling system.
25. List the "R" value of the insulation being installed in the floors, walls and roof of the building.
26. Indicate whether the building is to be located in Zone 1 or Zone 2 as defined by the energy code.
27. Mark the appropriate box if the energy code compliance is obtained by the systems analysis approach; the component performance approach; or if the prescriptive paths are used. If energy code compliance is obtained by calculations, indicate whether the calculations are attached with the submittal or whether they are on file with a previously approved plan. Provide the referenced approved plan number. Mark the boxes 'yes' or 'no' indicating whether a heat pump and/or air conditioning are installed in the building.
28. Show the calculated KVA load of the electric service for the whole building. Also indicate whether this is a single or three phase system.
29. This section is meant to act as a checklist for some of the information that will be necessary in order to approve the plans. Not all elements may be applicable to your plan and as such may be 'N/A'ed. If the element is to be reviewed by L&I approved Design Professional, so indicate in the third column. If the element or system is already approved as part of another plan and is identical to this plan, you may reference the approved plan number that is "on file" in the fourth column.
30. Provide the plumbing system design operating pressure whenever plumbing fixtures are installed in the building. Provide the number of fixtures (not fixture units) that are installed in the building. Provide the total developed length of the water supply system.
31. Indicate how you wish to have the plans returned to you, FedEx is the only overnight service available unless you provide the overnight label and envelope from another carrier.



STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES  
Field Services & Public Safety  
*Factory Assembled Structures*  
PO Box 44430 Olympia, Washington 98504-4430

## MEMORANDUM

TO: Commercial Coach Manufacturers

FROM: Shane Daugherty, FAS Program Chief

SUBJECT: Manufacturer's Contact Personnel

In order that we may serve you better we are requesting you complete the enclosed form and return it to us. By having contact persons on our mailing labels and faxes the information we are sending to you should be received by those who need it. We thank you in advance for your assistance.

If you have any questions, please feel free to contact us at 1-800-705-1411 Option 3, FAX (360) 902-5229 or email [FAS1@lni.wa.gov](mailto:FAS1@lni.wa.gov).

Return to: Shane Daugherty  
Dept. of Labor & Industries  
PO Box 44430  
Olympia, WA 98504-4430



MANUFACTURERS LIST  
FOR COMMERCIAL COACH MANUFACTURERS

Factory 1

Company Name: \_\_\_\_\_

Mailing: Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

Send general mailing to: \_\_\_\_\_

Contact for Plan Review: \_\_\_\_\_

Contact for Plant Inspection \_\_\_\_\_

Comments: \_\_\_\_\_

Factory # 2

(If applicable)

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

Send general mailings to: \_\_\_\_\_

Contact for Plan Review: \_\_\_\_\_

Contact for Plant Inspections: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES  
Factory Assembled Structures  
PO Box 44430 Olympia, WA. 98506-4430

**WAC 296-150F/C-0510 How do I request an inspection?** (1) You must contact us, and we will let you know where your request for inspection should be submitted. Our address is noted in the definition of department.

We must receive in-state inspection requests at least seven calendar days prior to the date that you want the inspection.

**PLEASE NOTE THE SEVEN CALENDAR DAYS CAN BE WAIVED UPON APPROVAL BY THE DEPARTMENT**

1. The Manufacturer Number (M-) or (CC-) where the structure is being built: \_\_\_\_\_

2. Date of Inspection(s) at the Manufacturing Plant: \_\_\_\_\_

3. The type of Inspection(s) needed. Please check the appropriate inspection(s):

Floor Cover: \_\_\_\_\_

Frame Cover: \_\_\_\_\_

Plumbing Cover: \_\_\_\_\_

Mechanical Cover: \_\_\_\_\_

Electrical Cover: \_\_\_\_\_

Energy Code Cover: \_\_\_\_\_

Electrical Final: \_\_\_\_\_

Final Inspection: \_\_\_\_\_

4. Is this the first inspection for this unit? YES / NO

5. The Date the Insignia(s) and NLEA was applied for, if final inspection: \_\_\_\_\_

6. The Manufacturers Building Serial Number: \_\_\_\_\_

7. The State Plan Approval Number: \_\_\_\_\_

8. Map and or Direction to the Manufacturing Plant Location where the Audit is to be done. Contact information of the individual(s) to be present for the inspection:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Physical address of the place of inspection: \_\_\_\_\_

9. Contact name, phone number and email address of the appropriate plant personnel:  
\_\_\_\_\_

10. All the above information is to be emailed to following contact for scheduling:  
FAS Plan Review ([FAS1@LNI.WA.GOV](mailto:FAS1@LNI.WA.GOV)) or FAX (360) 902-5229

If we may be of any assistance please contact us at 1-800-705-1411 Option 3.



STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES  
Factory Assembled Structures  
PO Box 44430 Olympia, WA. 98506-4430

**WAC 296-150F/C-0510 How do I request an inspection?** (1) You must contact us, and we will let you know where your request for inspection should be submitted. Our address is noted in the definition of department.

We must receive out-of-state inspection requests at least fourteen calendar days prior to the date that you want the inspection.

**PLEASE NOTE THE FOURTEEN CALENDAR DAYS CAN BE WAIVED UPON APPROVAL BY THE DEPARTMENT**

1. The Manufacturer Number (M-) or (CC-) where the structure is being built: \_\_\_\_\_

2. Date of Inspection(s) at the Manufacturing Plant: \_\_\_\_\_

3. The type of Inspection(s) needed. Please check the appropriate inspection(s):

Floor Cover: \_\_\_\_\_

Frame Cover: \_\_\_\_\_

Plumbing Cover: \_\_\_\_\_

Mechanical Cover: \_\_\_\_\_

Electrical Cover: \_\_\_\_\_

Energy Code Cover: \_\_\_\_\_

Electrical Final: \_\_\_\_\_

Final Inspection: \_\_\_\_\_

4. Is this the first inspection for this unit? YES / NO

5. The Date the Insignia(s) and NLEA was applied for, if final inspection: \_\_\_\_\_

6. The Manufacturers Building Serial Number: \_\_\_\_\_

7. The State Plan Approval Number: \_\_\_\_\_

8. Map and or Direction to the Manufacturing Plant Location where the Audit is to be done. Contact information of the individual(s) to be present for the inspection:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Physical address of the place of inspection: \_\_\_\_\_

9. Contact name, phone number and email address of appropriate plant personnel:  
\_\_\_\_\_

10. All the above information is to be emailed to following contact for scheduling:  
FAS Plan Review ([FAS1@LNI.WA.GOV](mailto:FAS1@LNI.WA.GOV)) or FAX (360) 902-5229

If we may be of any assistance please contact us at 1-800-705-1411 Option 3.