

STATE OF WASHINGTON
FACTORY BUILT TEMPORARY WORKER HOUSING STRUCTURES
REGULATIONS

Effective: July 1, 2016 to January 31, 2021

Factory built temporary worker housing structures built to be sited 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. Copies of the factory built structures WAC rules can be found at the website below. Temporary Worker Housing code, Washington State amendments and Washington State stand alone codes are available as shown in brackets () .

1. Rules for Factory Built TWH Structures

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

2. Temporary Worker Housing Construction Standard, (Health)
Chapter 246-358 and 246-359 WAC

3. International and Uniform Codes as Adopted per the Washington State Building Code RCW 19.27

A. *2015 International Mechanical Code* (IMC) and (WABO)
Washington State amendments to the *2015 International Mechanical Code* as adopted by WAC 51-52
Published by the International Code Council
Except as exempted in WAC 246-359-575

B. *2015 Uniform Plumbing Code* (UPC) and Washington (WABO)
State amendments to the *2015 Uniform Plumbing Code*
as adopted by WAC 51-56 and 51-57
Except for those parts identified in WAC 246-359-560

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 WAC296-46B
- C. Except as required by WAC 246-359-540(2).

5. Also enclosed for your use are:

- A. "Plan Approval Request" form and instructions for completing
- B. "Application for Insignia" form and instructions for completing

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

(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>
P O Box 44460 (*Mailing address*)
Olympia, WA 98504-4460
Telephone: (360) 902-5244

(Health) Department of Health
Facilities and Services Licensing
P.O. Box 47852
Olympia, WA 98504-7852
Telephone (360)-705-6787 or 705-6783

TWHtreg



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

To: Temporary Worker Housing Manufacturers

From: Shane Daugherty, FAS Program Chief

Subject: Required Inspections

WAC 296-150T-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 296-150T-0600](#))

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:

WAC 246-359-120: Required inspections

(2) **Concrete slab or under-floor inspection.** To be made after all in-slab or under-floor building service equipment, conduit, piping accessories and other ancillary equipment items are in place, **but** before any concrete is placed or floor sheathing installed, including the subfloor.

(3) **Framing/rough-in inspection.** To be made after the roof, all framing, wall, and roof members are in place including fire blocking and bracing, heating, and rough electrical and plumbing has been installed.

(4) **Final inspection.** To be made after unit is completed and ready for shipment.

(5) **Additional inspections.** To be made after the applicant has received notification that an additional inspection or inspections are necessary.

(6) **Special inspections.** To be made by a special inspector when the applicant is building to the alternate construction standards and the inspections required in subsections (1) through (5) of this section are not sufficient to determine compliance with the alternate construction methods.

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.

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 296-150T-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: Shane Daugherty, FAS Program Chief
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

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 1-800-705-1411 Option 3, FAX at 360-902-5229 or email at FAS1@lni.wa.gov.

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



Fill out completely 5

Manufacturer	Mfg No.	
Production Facility Address		
City/State/ZIP		
Telephone No	Fax No.	
FOR DEPARTMENT USE ONLY		
Fee Ledger Sheet No	Check No.	\$ Amount.

APPLICATION FOR INSIGNIA

FACTORY BUILT TEMPORARY WORKER HOUSING

SUBMIT ONE COPY - NOTE: A separate form is to be used for each building unless multiple buildings have the same plan approval addendum and design options.

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

A FEE FOR EACH INSIGNIA IS DUE WITH APPLICATION -- NOT SUBJECT TO REFUND
PLEASE MAKE CHECKS PAYABLE TO DEPT. OF LABOR & INDUSTRIES

Important - Each insignia is assigned to a specific vehicle - Only one insignia per section

1.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
	RF	W	ESL	P	HTG	NLEA
		/				
2.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
3.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
4.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
5.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
6.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
7.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
8.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
9.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$

continued on reverse

Manufacturer to complete

Regular mail
 Overnight at customer expense
 Other

Carrier _____
 Acct # _____

Number of tags: _____

FOR DEPARTMENT USE ONLY		
Date	Insignia Released by:	To:

10.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
RF	W	ESL	P	HTG	NLEA	
		/				
11.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
12.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
13.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
14.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
15.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
16.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
17.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
18.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
19.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
20.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
21.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
22.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
23.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
24.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
25.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
26.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
27.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$
28.	Mfg. Serial No.	POD	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF				\$

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
7273 Linderson Way SW
Tumwater WA 98501

Fill out completely

MANUFACTURER (1)	MFG NO. (2)
PRODUCTION FACILITY ADDRESS	
CITY/STATE/ZIP	
TELEPHONE NO.	FAX NO.
FOR DEPARTMENT USE ONLY	
FEE LEDGER SHEET NO.	CHECK NO.
\$ AMOUNT	

APPLICATION FOR INSIGNIA

FACTORY BUILT TEMPORARY WORKER HOUSING

SUBMIT ONE COPY - NOTE: A separate form is to be used for each building unless multiple buildings have the the same plan approval, addendum and design options.

Contact person's printed name: (3)	Date	Fee enclosed \$
Signature	Phone No ()	FAX No ()

A FEE FOR EACH INSIGNIA IS DUE WITH APPLICATION - NOT SUBJECT TO REFUND
PLEASE MAKE CHECKS PAYABLE TO DEPT. OF LABOR & INDUSTRIES

IMPORTANT - EACH INSIGNIA IS ASSIGNED TO A SPECIFIC VEHICLE - ONLY ONE INSIGNIA PER SECTION

1.	Mfg Serial No.	POD OF	Dept Insignia No.	Approved Plan No.	Design option.	Fee
	(4)	(5)	(6)	(7)	(8)	\$ (9)
RF	(10)	W (11)	ESL (12)	P (13)	HTG (14)	NLEA (15)
(16) 2.	Mfg Serial No.	POD _____ OF _____	Dept Insignia No.	Approved Plan No.	Design option.	Fee \$
3.	Mfg Serial No.	POD _____ OF _____	Dept Insignia No.	Approved Plan No.	Design option.	Fee \$
4.	Mfg Serial No.	POD _____ OF _____	Dept Insignia No.	Approved Plan No.	Design option.	Fee \$
5.	Mfg Serial No.	POD _____ OF _____	Dept Insignia No.	Approved Plan No.	Design option.	Fee \$
6.	Mfg Serial No.	POD _____ OF _____	Dept Insignia No.	Approved Plan No.	Design option.	Fee \$
7.	Mfg Serial No.	POD _____ OF _____	Dept Insignia No.	Approved Plan No.	Design option.	Fee \$
8.	Mfg Serial No.	POD _____ OF _____	Dept Insignia No.	Approved Plan No.	Design option.	Fee \$
9.	Mfg Serial No.	POD _____ OF _____	Dept Insignia No.	Approved Plan No.	Design option.	Fee \$

continued on reverse

Manufacturer to complete: **(17)** Via Regular mail
 Overnight at customer expense
 Other _____

Carrier _____
 Acct # _____

For Department Use Only
 Insignia Release by: _____ Date _____ To _____

DEPARTMENT OF LABOR AND INDUSTRIES

INSTRUCTIONS FOR COMPLETING APPLICATION FOR INSIGNIA FOR FACTORY BUILT TEMPORARY WORKER HOUSING

1. Provide the Manufacturer name, address, phone and fax number if available.
2. Provide the Manufacturer Identification number that was assigned by the Department upon approval of the manufacturer's first plan. i.e.: TWH-222.
3. 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 as well as the total fee for all insignia's requested on this form.
4. Enter the unique manufacturer serial number for which an insignia is being requested.
5. 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.
6. This box is for Department use only: leave blank.
7. Enter the previously approved TWH plan number for which this insignia is being requested. If the insignia request accompanies a new plan approval request, you should leave this blank and the Department will enter the TWH plan approval number when assigned.
8. Show which design options are used with this structure, otherwise "N/A".
9. See [WAC296-150T-3000](#) for current fee schedule.
10. Indicate the live roof load in the pounds per square foot for which the building was designed.
11. Indicate the wind load for which the building was designed to in miles per hour/class exposure.
12. Show the size of the electrical service to the whole building. Also indicate 1 or 3 after the slash line for the phase used.
13. Indicate the number of plumbing fixtures (not fixture units) within the building. Do not count ice makers but do count hot water heaters, hosebibbs, etc.
14. Indicate the Energy Zone for which this structure was designed. As an alternative for residential units, you may enter the temperature differential use in Heat loss calculations if applicable.
15. Indicate which incomplete systems beyond normal set up are required to be completed on

site. Enter 'S' for structural items; 'M' for mechanical items; or 'P' for plumbing.

16. Request additional insignias required for the building configuration or the other buildings destined for the same location as shown above. You may use the back of the form for additional insignias if required.
17. Show the total number of insignias on both the front and back of this request. Indicate how you wish the 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.

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
7273 Linderson Way SW
Tumwater WA 98501

Applicant: Fill out completely

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

FOR DEPARTMENT USE ONLY

For Ledge Sht #	Check #	\$ Amount	Application ID
Ap No.	Date approved	Expiration date	

**PLAN APPROVAL REQUEST
TEMPORARY WORKER HOUSING STRUCTURES**

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

New plan _____ *See* Initial MFG filing _____ No fee required _____
 Addendum _____ AP No. _____ *WAC* Resubmittal _____ Appl ID _____
 Renewal _____ AP No. _____ *296-150T* *for fees*

Code cycles (month/year):
 UPC: / NEC: / UMC: /
 Size of building:
 Width: Length: Area (Sq Ft): No of modules:
 Type construction: Use:
 Roof live load PSF:
 Type heat: Central forced air Hydronics Baseboard Cable Fan powered room heater Other:
 Type of fuel: Electric Solar Wood Heat pump Natural gas Propane Oil
 Insulation Floor Walls Roof (Flat) Roof (Vault) Electrical service: Phase 1 3
 values: Amps

	N/A	Attached	
Structural calculations or test proposals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On file - AP# _____
Truss or rafter drawing(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On file - AP# _____
Truss plan if over 3 different trusses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On file - AP# _____
Girder truss or ridge beam drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On file - AP# _____
HVAC drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On file - AP# _____
Cross section and elevation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On file - AP# _____
Electrical load demand calculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On file - AP# _____
Panel box schedule/Electric load calc's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On file - AP# _____
Plumbing systems:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On file - AP# _____ <input type="checkbox"/> On file - AP# _____ <input type="checkbox"/> On file - AP# _____

Operating pressure _____ No of fixtures _____ to _____ Total developed length _____

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
7273 Linderson Way SW
Tumwater WA 98501

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

FOR DEPARTMENT USE ONLY
Fee, Log, Shit #, Check #, Amount, Application ID,
Ap No., Date approved, Expiration date

PLAN APPROVAL REQUEST
TEMPORARY WORKER HOUSING STRUCTURES

Contact person's printed name:
Date
Fee enclosed \$
Signature (3) Phone No () FAX No ()
New plan (4) Addendum (7) Renewal (9)
AP No. AP No.
Initial MFG filing (5) No fee required (6)
Resubmittal (8) Appl ID
See WAC 296-150T for fees

Code cycles (month/year): (10)
UPC: / NEC: / UMC: /
Size of building: (11) Width: Length: Area (Sq Ft): No of modules: (12)
Type construction: (13) Use:
Roof live load PSF: (14)
Type heat: (15) Central forced air, Hydronics, Baseboard, Cable, Fan powered room heater, Other
Type of fuel: (16) Electric, Solar, Wood, Heat pump, Natural gas, Propane, Oil
Insulation values: (17) Floor, Walls, Roof (Flat), Roof (Vault)
Electrical service: (18) Phase 1, 3
Amps

(19) N/A Attached
Structural calculations or test proposals
Truss or rafter drawing(s)
Truss plan if over 3 different trusses
Girder truss or ridge beam drawing
HVAC drawing
Cross section and elevation
Electrical load demand calculation
Panel box schedule/Electric load calc's
Plumbing systems:
On file - AP#
Operating pressure (20) No of fixtures to Total developed length

INSTRUCTIONS FOR PLAN APPROVAL REQUEST FOR FACTORY BUILT
TEMPORARY WORKER HOUSING

1. Provide Manufacturer or applicant name, address, and telephone number.
2. Manufacturer ID number is assigned upon approval of First Plan. i.e. TWH-222.
3. 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. Sec [WAC 296-150T-3000](#) for fee schedule. Provide an extension number or direct line and FAX number if available for the contact person.
4. Use this line if this is a new plan submitted for the first time. Indicate the appropriate fee paid.
5. Use this line only if this is the first application from a manufacturer. This is a ONE TIME ONLY FEE for each category of structure. Sec [WAC 296-150T-3000](#) for current fees.
6. Check this line if no fee is required.
7. 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.
8. Use this line only if this is a resubmittal response to a previously reviewed and rejected plan. Indicate the fee required for resubmittals. The application ID is not currently being used and may be left blank.
9. Use this line only when you wish to renew a previously approved plan. Indicate either the fee for renewals. Use the Ap No. line to show the approved plan number you wish to renew.
10. Use this line to indicate the codes under which this plan is being submitted. As of July 1, 2010 these would be: IMC; UPC; 7/10; NEC 12/08; Please note, that the date for each code indicates the month and year of 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.
11. Show the width and length of the building. For irregular buildings, give the longest dimensions. Include the square foot area of the building.
12. Use this space to show the total number of modules required to construct one whole building.
13. Use this line to indicate the type of construction of the building such as wood or steel etc. Indicate use of this building, e.g. bunkhouse, kitchen, dining room etc...
14. Show the roof live load capacity in pounds per square foot.

15. If applicable, check the type of heating to be installed in the building. Use "other" to describe systems not shown or to indicate *N/A* if no heating or cooling system is installed.
16. Check the type of fuel used in the heating or cooling system,
17. Show the insulation value for floors, walls and roof that are to be installed in the building.
18. Show the size of the Electric Service for the whole building. Also indicate whether this is a single or three phase system.
19. This section is meant to act as a checklist for some of the information that would be necessary to approve the structure. 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 and is attached for review, so indicate in the second 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 third column. See the procedures on the back of the Plan Approval Request form for additional submittal requirements.
20. Provide plumbing system operating pressure whenever plumbing fixtures are installed in the building. Provide the number of fixtures (not fixture units) that are installed in the building. When design options are used to vary the number of fixtures provide the minimum to maximum number. Provide the total developed length of the water supply system. Developed length is the distance measured along the pipe run from the meter to the most remote fixture. For self-contained commercial coach units, the developed length is from the pump to the most remote fixture.



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

August 4, 2020

MEMORANDUM

TO: Temporary Worker Housing 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.

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

MANUFACTURERS LIST
FOR TEMPORARY WORKER HOUSING MANUFACTURER'S

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: _____

twmfg



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

WAC 296-150T-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 (TWH-) 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) 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 296-150T-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 (TWH-) 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) or FAX (360) 902-5229

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