

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)

WA Only
 WA Rev/___ Courtesy
 ___ Rev/WA Courtesy
 Other state
 State ID _____

Applicant: Fill out completely

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

FOR DEPARTMENT USE ONLY

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

PLAN APPROVAL REQUEST
FACTORY BUILT STRUCTURES

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

New plan (Master design) _____ (1 Yr design) _____ *See appropriate WAC for fees* Initial MFG filing _____
 Renewal _____ AP No. _____ Resubmittal _____
 Addendum _____ AP No. _____ Plans review by L&I listed professional _____

Note: Identify addendum items on plan!

Code cycles (month/year):
 IBC, IRC, IMC / UPC: / NEC: / WSEC, VIAQ: / IFC: /
 Size of building::
 Width: Length: Area (Sq Ft): No of modules: Occupancy group:
 Type construction: Use: SUB yr SEC yr Seismic
 Roof live load PSF Wind load MPH - EXP: Floor load PSF:
 Plot plan submitted? Yes No If "No", provide distance from farthest projection to nearest building/property
 Front: Rear: Left side: Right side:
 Type heat: Central forced air Hydronics Baseboard Fan powered room heater Other _____
 Type of fuel: Electric Natural gas Propane Oil Other: _____
 Insulation values: Floor Walls Roof (Flat) Roof (Vault) Heating zone: Zone 1 Zone 2
 WSEC compliance chapter: Energy calculations: Attached On file - AP# _____
 Component Systems Prescriptive N/A Heat Pump Yes No Air conditioning Yes No Electrical service: Amps _____ Phase 1 3

	N/A	Attached L&I Review	Attached/Design Professional Review	On file	
Structural calculations or test proposals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP# _____
Truss or rafter drawing(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP# _____
Truss plan if over 3 different trusses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP# _____
Girder truss or ridge beam drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP# _____
HVAC drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP# _____
Cross section and elevation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP# _____
Foundation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP# _____
Electrical load demand calculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP# _____
Panel box schedule/Electric load calc's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP# _____
Chassis drawing (CC units only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP# _____
Plumbing systems:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP# _____
Operating pressure _____ to _____		No of fixtures _____	Total developed length _____		

RETURN PLANS VIA: Regular mail Overnight @ customer's expense Carrier _____
 Other: _____ Acct # _____



FEE WORKSHEET

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 (One time only)	This is for beginning mfg. only \$
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>	\$
Total Fees Paid \$	\$
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.