

## STATE OF WASHINGTON

## COMMERCIAL COACH REGULATIONS

Effective: March 15, 2024 through October 31, 2026

For structures designed to the 2021 Washington State Building Code, effective March 15, 2024, refer to the codes shown on the [Washington State Building Code Council Website](#).

Commercial Coaches built for and used in Washington State are inspected by the Department of Labor and Industries, Factory Assembled Structures Program and are to be constructed to comply with the following codes.

1. Rules for Commercial Coaches

Chapter [296-150C WAC](#)

(Note: Our [website](#) may contain additional information or explanations)

2. International and Uniform Codes as currently Adopted in accordance with the Washington State Building Code RCW 19.27 and RCW 19.27A. NOTE: see WAC 296-150C for applicable sections.

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

3. Washington State stand alone codes as currently adopted under the Washington State

Building Code RCW 19.27 and 19.27A

- A. Washington State Energy Code, Current Edition as adopted by Chapter 51-IIC WAC

NOTE: A completed set of Washington State Energy Code (WSEC) forms including; prescriptive or UA component worksheets, glazing schedule and heat sizing worksheet must be included with all submittals as shown in the plan submittal guidelines on our website.

4. Washington State Electrical Laws, Rules and Regulations:
  - A. RCW 19.28; WAC 296-46B (Current Edition)
  - B. National Electrical Code (NEC) as currently 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
6. Also enclosed for your use are:
  - "Plan Approval Request" form and instructions for completing.
  - "Application for Insignia" form and instructions for completing.
  - Special Inspection and Structural Observation form.
  - Inspection information and request forms.
  - Manufacturer's contact information.

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

Manufacturer Mfg No.
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: Date Fee enclosed \$
Signature Phone No FAX No

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

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: Electrical service:
Component Systems Prescriptive N/A Attached On file - AP#
Performance Analysis Heat Pump Yes No
Air conditioning Yes No Phase 1 3

Table with columns: N/A, Attached L&I Review, Attached/Design Professional Review, On file. Rows include Structural calculations, Truss or rafter drawing(s), Truss plan, Girder truss, HVAC drawing, Cross section, Foundation plan, Electrical load demand, Panel box schedule, Chassis drawing, Plumbing systems, Operating pressure, No of fixtures, Total developed length.

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

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



# FEE WORKSHEET

[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> )      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>	\$
<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)

- 3
- WA Only
  - WA Rev/ \_\_\_\_\_ Courtesy
  - \_\_\_\_\_ Rev/WA Courtesy
  - \_\_\_\_\_ Other state reciprocity

*Applicant: Fill out completely*

Manufacturer <b>1</b>	Mfg No. <b>2</b>
Plans to be returned to: Address	
City/State/ZIP	

**FOR DEPARTMENT USE ONLY**

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

**PLAN APPROVAL REQUEST**  
**FACTORY BUILT STRUCTURES**

Contact person's printed name: <b>4</b>	Date	Fee enclosed \$
Signature	Phone No ( )	FAX No ( )

New plan (Master design) **5** (1 Yr design) \_\_\_\_\_ *See appropriate WAC for fees*

Renewal **7** AP No. \_\_\_\_\_

Addendum **9** AP No. \_\_\_\_\_

Initial MFG filing **6**

Resubmittal **8**

Plans reviewed by L&I listed professional **10**

**Note: Identify addendum items on plan!**

Code cycles (month/year): **11**

IBC, IRC, IMC: / **11** UPC: / NEC: / WSEC, VIAO: / IFC: /

Size of building: Width: **12** 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 If "No", provide distance from farthest projection to nearest building/property line:  
 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**    Energy calculations:  Attached  On file - AP# \_\_\_\_\_  
 Component Performance Systems Prescriptive N/A Heat Pump  Yes  No Air conditioning  Yes  No Electrical services: **28** Amps \_\_\_\_\_ Phase  1  3

	N/A	Attached L&I Review	Attached/Design Professional Review	On file	AP#
Structural calculations or test proposals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Truss or rafter drawing(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/> <b>29</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Truss plan if over 3 different trusses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Girder truss or ridge beam drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
HVAC drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cross section and elevation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foundation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electrical load demand calculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Panel box schedule/Electric load calc's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chassis drawing (CC units only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plumbing systems:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Operating pressure **30** \_\_\_\_\_ to \_\_\_\_\_ No of fixtures \_\_\_\_\_ Total developed length \_\_\_\_\_

**31**

RETURN PLANS  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.

Applicant: Fill out completely

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

Form with checkboxes for CST, Chap 11, Permanent, Alteration, Replacement

Form with fields for MANUFACTURER, MFG NO., PRODUCTION FACILITY ADDRESS, CITY/STATE/ZIP, TELEPHONE NO., FAX NO., and FOR DEPARTMENT USE ONLY section.

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

Department of Labor and Industries
Factory Assembled Structures
7273 Linderson Way SW
Tumwater WA 98501

Form with checkboxes for Multi-Tagged, WA, OR, ID, Other

www.wa.gov/lni/FAS/
(case sensitive)

APPLICATION FOR INSIGNIA
FOR COMMERCIAL COACHES



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

Form with fields for Contact person's printed name, 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

Table with 9 rows for Insignia entries, columns for Dept. Insignia No., Mfg Serial No., Approved Plan No., POD, Fee, and various tag types (ROOF, WIND, TD, ESL, P, AC, TC, OG, HTG)

Form for Manufacturer to complete: Number of tags, Via (Regular mail, Overnight, Other), Carrier, Acct #

FOR DEPARTMENT USE ONLY section with fields for Date, Insignia Release by, To

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 _____	\$

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/FAS/  
(case sensitive)

**3**

CST       Permanent  
 Chap 11     Alteration  
                 Replacement

Multi-Tagged  
 WA     ID  
 OR     Other

**4**

Applicant: Fill out completely

MANUFACTURER	MFG NO. <b>7</b>
<b>1</b>	<b>2</b>
PRODUCTION FACILITY ADDRESS	
CITY/STATE/ZIP	
TELEPHONE NO.	FAX NO.
<b>FOR DEPARTMENT USE ONLY</b>	
FEE LEDGER SHEET NO.	CHECK NO.
\$ AMOUNT.	

## APPLICATION FOR INSIGNIA FOR COMMERCIAL COACHES



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

Contact person's printed name: <b>5</b>	Date	Fee enclosed <b>6</b> \$
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**

1.	Dept. Insignia No. <b>7</b>	Mfg Serial No. <b>8</b>	Approved Plan No. <b>9</b>	POD <b>10</b>	Fee <b>11</b>					
	ROOF <b>12</b>	WIND <b>13</b>	FD <b>14</b>	ESL <b>15</b>	F <b>16</b>	AC <b>17</b>	TC <b>18</b>	OG <b>19</b>	HTG <b>20</b>	
2.	Dept. Insignia No.	Mfg Serial No.		POD _____	Fee _____					
3.	Dept. Insignia No.	Mfg Serial No.		POD _____	Fee _____					
4.	Dept. Insignia No.	Mfg Serial No.		POD _____	Fee _____					
5.	Dept. Insignia No.	Mfg Serial No.		POD _____	Fee _____					
6.	Dept. Insignia No.	Mfg Serial No.		POD _____	Fee _____					
7.	Dept. Insignia No.	Mfg Serial No.		POD _____	Fee _____					
8.	Dept. Insignia No.	Mfg Serial No.		POD _____	Fee _____					
9.	Dept. Insignia No.	Mfg Serial No.		POD _____	Fee _____					

Manufacturer to complete: **21**      **Via**  Regular mail      **Carrier** \_\_\_\_\_  
 Number of tags: \_\_\_\_\_       Overnight at customer expense      **Acct #** \_\_\_\_\_  
 Other \_\_\_\_\_

*continued on reverse*

<b>FOR DEPARTMENT USE ONLY</b>		
Date	Insignia Release by	To

## 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.*



Factory Assembled Structures Program

**Manufacturers Information on Special Inspection**

As required by chapter 17 of the state building code, a “statement of special inspection” must be prepared by the design engineer/architect and submitted with the building plans for approval by the Licensed Professional plan reviewer. Special inspections must be performed by qualified special inspectors, hired by the manufacturer and approved by L&I during plan acceptance and prior to inspections taking place.

**This building requires special inspections:      Yes \_\_\_\_\_      No \_\_\_\_\_**

\*Consult the design engineer/architect of record for the building if you need help answering this question.

Name of special inspector: \_\_\_\_\_ Inspection Type: \_\_\_\_\_  
Name of special inspector: \_\_\_\_\_ Inspection Type: \_\_\_\_\_  
Name of special inspector: \_\_\_\_\_ Inspection Type: \_\_\_\_\_  
Name of special inspector: \_\_\_\_\_ Inspection Type: \_\_\_\_\_  
Name of special inspector: \_\_\_\_\_ Inspection Type: \_\_\_\_\_  
Name of special inspector: \_\_\_\_\_ Inspection Type: \_\_\_\_\_  
Name of special inspector: \_\_\_\_\_ Inspection Type: \_\_\_\_\_  
Name of special inspector: \_\_\_\_\_ Inspection Type: \_\_\_\_\_

\* Include credentials for each special inspector in the file sent to LNI.

**Manufacturers Information on Structural Observation**

When required by chapter 17 of the state building code, structural observations must be provided by the design engineer/architect or their designee.

**This building requires structural observation:      Yes \_\_\_\_\_      No \_\_\_\_\_**

\*Consult the design engineer/architect of record for the building if you need help answering this question.

Name of person doing structural observations in the factory: \_\_\_\_\_  
Name of person doing structural observations at the building site: \_\_\_\_\_

\* Include credentials if these are not the design professionals sealing the drawings.



STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES

*Factory Assembled Structures (FAS)*

PO Box 44430 Olympia, Washington 98504-4430

**To:** Commercial Coach Trailer Manufacturers  
**From:** FAS Program  
**Subject:** Required Inspections

---

**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:**

**International Building Code: Section 110**

**International Mechanical Code: Section 112**

**Uniform Plumbing Code: Section 105**

**Washington State Energy Code: Section C105**

**RCW 19.28.101 & National Electrical Code**

[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.

To request inspection please complete the applicable inspection request form found in this packet and email to: [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 Structures Program at 1-800-705-1411 Option 3, or email at [FAS1@lni.wa.gov](mailto:FAS1@lni.wa.gov).



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.

**NOTE: Manufacturers are responsible for 100% of the inspection and associated travel fees including delays due to inclement weather and airline mechanical issues. Invoiced fees must be paid in full prior to requesting additional inspections.**

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. 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 (FAS)*  
PO Box 44430 Olympia, Washington 98504-4430

## MEMORANDUM

TO: Commercial Coach Manufacturers

FROM: FAS Program

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 with your initial submittal. 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, or email [FAS1@lni.wa.gov](mailto:FAS1@lni.wa.gov).

Please email any contact updates to: [FAS1@lni.wa.gov](mailto:FAS1@lni.wa.gov)

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: \_\_\_\_\_