

STATE OF WASHINGTON
FACTORY BUILT HOUSING AND COMMERCIAL STRUCTURES
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](#).

Factory built housing and commercial structures built to be sited 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 Factory Built Structures

Chapter [296-150F 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

- A. International Building Code (IBC) and Washington State amendments to the International Building Code currently adopted by Chapter WAC 51-50
- B. International Residential Code (IRC) and Washington State amendments to the International Residential Code currently adopted by Chapter WAC 51-51
- C. International Mechanical Code (IMC) and Washington State amendments to the International Mechanical Code as currently adopted by Chapter WAC 51-52
- D. International Fire Code (IFC) and Washington State amendments to the International Fire Code currently adopted by WAC-51-54A
- E. 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 51-11C and 51-11R 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
 - B. Boarding Home Licensing Rules WAC 388-78A
6. Also enclosed for your use are:
 - "Plan Approval Request" form and instructions for completing.
 - "Application for Insignia" form and instructions for completing.
 - "Notification to Local Enforcement Agency" form and instructions.
 - Special Inspection and Structural Observation form.
 - Inspection information and request forms.
 - Manufacturer's contact information.

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)

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# Amps
Performance Analysis Air conditioning Heat Pump Yes No Yes No Phase 1 3

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
Foundation plan
Electrical load demand calculation
Panel box schedule/Electric load calc's
Chassis drawing (CC units only)
Plumbing systems:
Operating pressure to 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
 (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.

For Postal Delivery
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 Factory Assembled Structures
 PO Box 44430
 Olympia WA 98504-4430



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 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 1	Mfg No. 2
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: 4	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. _____ Initial MFG filing **6**

Addendum **9** AP No. _____ 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"/> 29	<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 296-150F-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 296-150F-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.

For Postal Delivery

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

- Permanent
- Alteration
- Replacement

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

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

- Multi-Tagged
- WA ID
 - OR Other

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

APPLICATION FOR INSIGNIA FOR FACTORY BUILT STRUCTURES



Applicant: Fill out completely

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

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:	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**

1.	Dept Insignia No.		Mfg Serial No.				Approved Plan No.				POD	Fee
	OG	TC	IS	SUB YR	SEC YR	ESL	RF	W	SZONE	TD	HTG	AC
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: Number of tags: _____ **Via** Regular mail Overnight at customer expense Other _____ **Carrier** _____ **Acct #** _____

continued on reverse

FOR DEPARTMENT USE ONLY		
Date	Insignia Release by	To

10.	Dept Insignia No.		Mfg Serial No.			Approved Plan No.					POD _____	Fee	
	OG	TC	IS	SUB YR	SEC YR	ESL	RF	W	SZONE	TD	OF _____	\$	
											HTG	AC	P
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 _____	\$	

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

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 (case sensitive)

Permanent
 Alteration
 Replacement

Multi-Tagged
 WA ID
 OR Other

Applicant: 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 FOR FACTORY BUILT STRUCTURES



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:	(5)	Date	Fee enclosed	(6)
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.	Mfg Serial No.	Approved Plan No.										POD	Fee
OG	TC	IS	SUB-YR	SEC-YR	BSL	RE	W	Seismic	TD	HTG	AC	P	OF	\$
	(7)	(8)	(9)										(10)	(11)
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														

continued on reverse

Manufacturer to complete: (25) Number of tags: _____ Via Regular mail Overnight at customer expense Other _____ Carrier _____ Acct # _____

FOR DEPARTMENT USE ONLY
 Date _____ Insignia Release by _____ To _____

DEPARTMENT OF LABOR AND INDUSTRIES

INSTRUCTIONS FOR COMPLETING APPLICATION FOR INSIGNIA FOR FACTORY BUILT STRUCTURES (form [F623-014-000](#))

1. *Provide the Manufacturer 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.: M-222.*
3. *Check the box appropriate for your 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 296-150F-3000](#)).*
12. *Indicate the occupancy classification of the building from IBC chapter 3. For mixed occupancy buildings list the largest first followed by the next largest in descending order.*
13. *Show the "Type of construction". See IBC chapter 6 for construction types.*
14. *Indicate which incomplete systems beyond normal set up are required to be completed on site. Enter 'S' for structural items; 'M' for mechanical items; 'P' for plumbing; 'E' for electrical.*
15. *Show the edition of the building codes applicable to the building.*
16. *Show the edition of the electrical code applicable to the building.*
17. *Show the calculated KVA load of the electrical service to the whole building.*

18. *Indicate the live roof load in the pounds per square foot for which, the building was designed.*
19. *Indicate the wind load/or which the building was designed to in miles per hour/class exposure. i.e. 80-C*
20. *Indicate the seismic acceleration (S_s) and the site classification for which the building was designed.*
21. *Indicate the temperature differential or energy code zone that the building was designed for.*
22. *Indicate type of heating in the building (heat pump, electric furnace, wall heaters, etc.).*
23. *Indicate 'yes' or 'no' regarding air conditioning installed in the building.*
24. *Indicate the number of plumbing fixtures (not fixture units) in the building.*
25. *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, FedEx is the only carrier available and your account number needs to be provided.*

FB_InsigAppinst



STATE OF WASHINGTON
 DEPARTMENT OF LABOR AND INDUSTRIES
 Factory Assembled Structures (FAS)
 PO Box 44430 Olympia, Washington 98504-4430

FAS Process

Subject: Notification of Local
 Enforcement Agencies
 (NLEA)

Process:

The department will notify the local enforcement agency after the final inspection of factory built structures at a manufacturing location. After a final inspection is performed on a factory built, commercial structures, or component, the department will send a notice to the local enforcement agency (NLEA) that:

- (1) Specifies what connections, standards, and incomplete items the local enforcement agency must check when the unit is installed; and/or
- (2) Estimates the expected time of arrival of the factory built house or commercial structure to the site.

A photocopy of the NLEA must be placed (taped) in a window closest to the electrical panel box so it may be read from the exterior of the building. If the building has no windows, then the photocopy of the NLEA must be placed (taped) on the electrical panel box cover.

***NOTE: A COMPLETED NLEA AND FEE MUST ACCOMPANY THE APPLICATION FOR INSIGNIA.
 ADDITIONAL ITEMS MAY BE ADDED AT FINAL INSPECTION.***

EXCEPTION: For stocker units the installation address or the building department address will not need to be filled out when the insignia is placed on the structure. The NLEA will be placed on the window closest to the electrical service. When the structure leaves the yard to be sited, the installation address and building department address will need to be completed. Place a photocopy of the completed NLEA back in the window and return the originals to the Department of Labor and Industries, State of Washington.

DEPARTMENT OF LABOR AND INDUSTRIES

*INSTRUCTIONS FOR COMPLETING "NOTIFICATION
TO LOCAL ENFORCEMENT AGENCY" (form [F623-013-000](#))*

1. *Provide the date and the name of the Manufacturer.*
2. *Provide the Manufacture Identification number that was assigned by the Department upon approval of the manufacturer's first plan. i.e.: M-222.*
3. *Fill in the owner's name and the installation address of the building.*
4. *Indicate the manufacturers serial numbers of the building. NOTE: each building must have a separate NLEA.*
5. *The department insignia numbers will be filled in by the inspector who completes the final factory inspection.*
6. *Show the "Type of construction". See IBC chapter 6 for construction types.*
7. *Show the occupancy classification listing for the building. See IBC chapter 3 for occupancy groups.*
8. *Enter the approximate date that the building will arrive on site.*
9. *Fill in the phone number of the owner or other contact person for the site installation.*
10. *Indicate if the building installation site is within city or county jurisdiction.*
11. *Fill in the office name and address of the local building official who will do the on site inspections of the building when it is installed. A list of names by county and city can be found at the www.wabo.org web site..*
12. *List all of the non electrical items which are being completed on site and require inspection by the local building official. If all items are standard to a normal modular building installation then this should be noted.*
13. *Fill in the office name and address of the local electrical inspector who will do the on site inspections of the building when it is installed, A list of city inspectors can be found at the www.lni.wa.gov web site. Locations which do not have a separate electrical inspection program use the L&I electrical inspectors from the closest L&I field office.*
14. *List all of the electrical items which are being completed on site and I-quire inspection by the local electrical inspector. If all items are standard to a normal modular building installation then this should be noted.*
15. *Sign and date the form.*



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: Modular Manufacturers

From: FAS Program

Subject: Required Inspections

Effective: February March 15 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](#).

[WAC 296-150F-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 296-150F-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:

International Building Code: Section 110

International Residential Code: Section R109

International Mechanical Code: Section 112 (for IBC buildings)

Uniform Plumbing Code: Section 105 (for IBC and IRC buildings)

International Fire Code: Section 108 (for IBC buildings)

Washington State Energy Code: Section R105 (for IRC buildings)

Washington State Energy Code: Section C105 (for IBC buildings)

RCW 19.28.101 & National Electrical Code (for IBC and IRC buildings)

[WAC 296-150F-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

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, or Email at 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) 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) 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: Modular 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.

Please email any contact updates to: FAS1@lni.wa.gov

Corporate

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone No: (____) _____ Ext: _____ Fax No: (____) _____

Web Address: _____

Contact for Plan Review: _____

Phone No: (____) _____ Ext: _____ Fax No: (____) _____

Email Address: _____

Contact for Plant Audit: _____

Phone No.: (____) _____ Fax No.: (____) _____

Email Address: _____

Plant 1

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone No: (____) _____ Ext: _____ Fax No: (____) _____

Web Address: _____

Contact for Plan Review: _____

Phone No: (____) _____ Ext: _____ Fax No: (____) _____

Email Address: _____

Contact for Plant Audit: _____

Phone No.: (____) _____ Fax No.: (____) _____

Email Address: _____

If you have additional plants, please copy this form