



Benton-Franklin Health District
Environmental Health Division
 7102 W. Okanogan Pl. • Kennewick, WA 99336
 (509) 460-4205 or (800) 814-4323
 www.bfhd.wa.gov

For Office Use Only	
App Accepted By: _____	
Other Materials: <input type="checkbox"/> LOC <input type="checkbox"/> PLAN <input type="checkbox"/> PS/EM	Code: _____

School General Construction Review Application

<input type="checkbox"/> New Construction (Complete Sections 1, 2, 3, 4, 5, 7) <input type="checkbox"/> Remodel (Complete Sections 1, 3, 5, 6, 7)			
SECTION 1: CONTACT INFORMATION			
<i>Note: District Main Office Mailing Address will be the "Address of Record" for all communication mailed from this Department.</i>			
Date of Application	Application must be approved before beginning construction, operation, or implementing changes		
School District Name	Telephone Number () () ()	Fax Number () () ()	
District Main Office Mailing Address	City	State	Zip Code
Billing Contact Name & Title	Telephone Number () () ()	Email Address	
Billing Address	City	State	Zip Code
School Name	Telephone Number () () ()	Fax Number () () ()	
School Physical Address	City	State	Zip Code
Construction Project Manager Name & Title	Telephone Number () () ()	Email Address	
Architect Contact Name & Title	Telephone Number () () ()	Email Address	
SECTION 2: SCHOOL INFORMATION			
Type of School <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Other: _____	Grades Served <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/> K-12 <input type="checkbox"/> Other: _____		
Projected Enrollment	Sewage Disposal <input type="checkbox"/> Public Sewer <input type="checkbox"/> On-site Septic System <input type="checkbox"/> Other: _____		
Water Supply <input type="checkbox"/> Public Water <input type="checkbox"/> On-site-well <input type="checkbox"/> Other: _____		Date of last sanitary survey, if applicable: - _____	
SECTION 3: PROJECT SUBMITTAL REQUIREMENTS			
Letter of compliance from the architect or engineer stating that the plans for this project are designed in accordance with the State Board of Health Primary and Secondary School Regulations, Chapter 246-366 WAC			<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete set of design plans with a licensed architect's seal			<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete set of project specification and equipment manual(s)			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4: PROJECT LOGISTICS

Expected Construction Start Date	Expected Construction Completion Date
D-5 Deadline	D-7 Deadline
Funding: Is this project going through OSPI funded D process? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phases: Is this a phased project?	If yes, how many phases? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: POTENTIAL HAZARDS IDENTIFICATION

Describe any known potential hazards or health concerns that are applicable to the project including: vehicular concerns such as high use roads, airports, or train tracks; any natural hazards such as cliffs, wetlands, ponds or rivers; any manmade hazards such as landfills; neighboring businesses of concern such as nail salons, crematorium, industry or factories. FOR REMODELS: suspected lead, asbestos or radon:

SECTION 6: REMODEL COMPLETE THIS SECTION WHEN PLANNING TO REMODEL

Describe planned changes to the school.

Construction Timing: Will construction take place while students are on campus? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Displacement: Will students be displaced during the construction period? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what dates will the students be displaced? _____	If yes, where will displaced students be schooled? _____
Occupancy: Will this addition change your occupancy numbers?	If yes, what is your new expected occupancy? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 7: PROJECT DETAIL**Will any of the following be impacted during this construction process?***If yes, please use section 9 to describe impacts.*

1. Septic/Sewer System	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Water System	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. HVAC System	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Science Laboratories	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Art and/or Shop classrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Playground area (<i>If yes, please submit a playground plan review application</i>).	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Kitchen (<i>If yes, please submit a food service application</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Athletic areas (<i>please describe</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Performing arts/theaters (<i>please describe</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 8: SIGNATURE

I certify that I grant permission to allow the Health Officer and/or representatives to enter this school at their discretion for the purposes of application, evaluation, pre-operational inspection, routine inspections, or any subsequent inspections or investigations. I understand that review of these plans is based upon the rules and regulations of the State Board of Health for Environmental Sanitation for Primary and Secondary Schools, WAC 246-366.

Note: It is the applicant's responsibility to ensure compliance with all other applicable state, county, and city agencies before opening the school listed on this application.

Applicant Signature

Date

Applicant Printed Name

Phone Number

SECTION 9: DESCRIPTION OF IMPACTS

Please describe impacts for any conditions marked "yes" in section 7

☐ N/A