



Construction Review Services  
360-236-2944  
<http://www.doh.wa.gov/crs>

## **Construction Review Cherry Harvest Camp/Temporary Worker Housing Application Packet**

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### **Important Information:**

Incomplete applications will be returned without review.

### **In order to process your request you must submit the following:**

#### **1. Application and Fee**

**Mail your completed application and your check or money order payable to:**

Department of Health  
P.O. Box 1099  
Olympia, WA 98507-1099

#### **2. Drawings / Supporting documents**

**Send two copies of the drawings and one copy of all other documents to:**

Department of Health  
Construction Review Services  
111 Israel Rd SE MS 47852  
Tumwater, WA 98501

### **Fee Information:**

For review fees, please see [WAC 246-359-990](#) or contact our office for assistance.



Construction Review Services  
111 Israel Rd SE  
PO Box 47852  
Tumwater, WA 98501  
360.236.2944  
<http://www.doh.wa.gov/crs>

## **Construction Review Cherry Harvest Camp/Temporary Worker Housing Application Instructions Checklist**

- Please indicate type of review: Plan Review or Technical Assistance
- Please indicate type of application: New or Amended

### **Section #1: Demographic Information:**

- Please check your **legal owner/operator** business structure type according to your Washington State Master Business License.

Legal Owner/Operator Name: Enter the owner's name as it appears on the UBI/ Master Business License.

- Legal Owner Mailing Address:** Enter the owner's complete mailing address.
- Phone and Fax Numbers:** Enter the owner's phone and fax number.
- Uniform Business Identifier Number (UBI #):** Enter your Washington State UBI #. All Washington State businesses must have UBI #'s. city, county, and state government departments also have UBI #'s.
- Federal ID Number (FEIN#):** Enter your FEIN, if the business has been issued one.
- Email and Web Address:** Enter the owner's email and Web addresses, if applicable.
- Facility Name:** Enter the facility's name as advertised on signs or Web site. The facility name should match the name given to the Department in previous applications, and should be the same as indicated on the facility license (if currently licensed).
- Physical Address:** Enter the facility's physical street location of the location where the construction or renovation will occur including city, state, zip and county.
- Phone and Fax Numbers:** Enter the facility's phone and fax number.

# Construction Review Cherry Harvest Camp/Temporary Worker Housing Instructions Checklist (continued)

## Section #2: Project Information:

- Type of Project:** Check the most appropriate type of project. Cherry worker housing only or temporary worker housing.
- Project Title:** The project title will identify the work to be performed, will remain the same throughout the project, and should be a limited number of characters. All submissions shall be identified by the facility name and project title.
- Project Description:** Enter a brief project description. For renovations, include the location within the facility where the renovation will occur (e.g., third floor, west wing, etc.).
- Estimated Date of Occupancy:** Enter the estimated date in which the space will be occupied for its intended use.

## Section #3: Site Information:

- Building Permit Jurisdiction:** Enter the local building jurisdiction for this project. CRS works closely with the local building jurisdiction. In some cases there may be two local agencies that have jurisdiction. Please provide both jurisdictions.
- Building Construction Type:** Enter the construction type, such as I-A, III-B, etc.
- Tax Parcel #:** Enter the property tax parcel number.
- Land use:** Enter the land use information.

## Section #4: Key Individuals:

- Facility Contact(s):** Enter the contact(s) name, phone number and email address, if available. To save time, CRS will often email review comments to the project team members.
- Consultant Information:** Enter all the project consultant information.
- Signature:**
  - Signature of legal owner or authorized representative.
  - Date signed.
  - Print name of legal owner or authorized representative.
  - Print title of legal owner or authorized representative.

Contact our office at 360.236.2944, if you have any questions or need assistance in completing the application form. Additional information is available on our Web site at: <http://www.doh.wa.gov/crs>



Washington State Department of

Health

Send application with fees to:

Department of Health  
P.O. Box 1099  
Olympia, WA 98507-1099

Deliver hard copy drawings and project materials to:

Construction Review Services  
111 Israel Rd SE  
P.O. Box 47852  
Tumwater, WA 98501  
360-236-2944  
<http://www.doh.wa.gov/crs>

Check One

- Plan Review
- Technical Assistance

Revenue: 0597633200

# Cherry Harvest Camp/Temporary Worker Housing Construction Review Application

Type of Application—Please check one:  New  Amended

## 1. Demographic Information

### Owner/Operator Information

Legal Owner/Operator Name

Mailing Address

City	State	Zip	County	Country
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Phone #	Fax #	Cell #
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Email Address

UBI # (Secretary of State #)	Federal Tax ID (FEIN) #
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Web Address

### Facility Information

Facility Name

Site Address

City	State	Zip	County
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Facility Contact Phone #	Fax #
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#### For DOH Use Only

Applicable Fee: \_\_\_\_\_

Fee Received: \_\_\_\_\_

Balance Due /Refund Due: \_\_\_\_\_

CRS Project No.: \_\_\_\_\_

Date Stamp Here

## 2. Project Information

**Type of Project**

Cherry Worker Housing

Temporary Worker Housing

Check One:

Initial Review for Licensure

Remodel/Alteration

Project Title \_\_\_\_\_

Project Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Date of Occupancy: \_\_\_\_\_

## 3. Site Information

Building Permit Jurisdiction

Building Construction Type

Tax Parcel #

Wood / Concrete

F.A.S.

### Land Use - Zoning and building requirements

Land use is permitted for Temporary Worker Housing (TWH) development by:

State (RCW 70.114A.050) (Attach authorization documentation from the MFH Program, DOH to develop TWH)

County (Attach authorization documentation from your County to develop TWH)

City (Attach authorization documentation from the City to develop TWH)

## 4. Key Individuals

Facility Contact

Mr.  Mrs.

Phone #

Email Address

Facility Contact

Mr.  Mrs.

Phone #

Email Address

**Consultant Information**

Consultant Firms Name		UBI #		
Mailing Address		City	State	Zip
Phone #	Fax #		Email Address	
Project Contact <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.				
Consultant Firms Name		UBI #		
Mailing Address		City	State	Zip
Phone #	Fax #		Email Address	
Project Contact <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.				
Consultant Firms Name		UBI #		
Mailing Address		City	State	Zip
Phone #	Fax #		Email Address	
Project Contact <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.				

**Signature**

I certify that I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify that the information herein submitted is true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner/Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title