CLARK COUNTY
WASHINGTON
PUBLIC HEALTH
ENVIRONMENTAL HEALTH

School Health and Safety
NEW CONSTRUCTION/REMODEL APPLICATION

The School Health and Safety Program reviews new, replacement or existing school remodel construction project plans for all K-12 public, private and parochial schools in accordance with WAC 246-366-040.

If a site review has not been completed or approved prior to submission, contact Clark County Public Health for requirements at DLCntyHealthSchools@clark.wa.gov.

If this project includes food service including cafeteria, student store or culinary based food service, and has not been previously approved, a separate plan review is required. Visit https://www.clark.wa.gov/public-health/school-food-service-plan-review for submittal instructions.

If this project includes a playground, visit https://www.clark.wa.gov/public-health/playground-plan-review for submittal instructions.

SUBMITTAL REQUIREMENTS

Compliance letter

- A WAC 246-366 compliance letter from the architect or engineer stating the drawings and specifications for this project are designed in accordance with the State Board of Health Primary and Secondary School Regulations, Chapter 246-366 WAC.

A complete set of design plans includes:

- One complete set of design plans with a licensed architect's seal for the school building that include the overview of floor plan, architectural, structural, mechanical, electrical, plumbing and landscape.

A complete set of project specification and equipment manuals including:

- Materials used in the project (e.g. flooring, hardware, safety glass, fume hoods, safety equipment, wood shop equipment, athletic equipment).

SCHOOL LOCATION INFORMATION

SCHOOL NAME: _____ SCHOOL DISTRICT: _____

SCHOOL LOCATION ADDRESS: _____

CITY: _____ STATE: __WA__ ZIP CODE: _____

PARCEL #: _____ PROJECTED ENROLLMENT: _____

D SCHEDULE FUNDING: Deadline if this project is going through the OSPI funded D-process _____

UTILITIES

SEWAGE DISPOSAL ☐Public Sewer ☐Existing Septic System ☐Other: _____

POTABLE WATER ☐Public Water ☐On-site well -Date of last sanitary survey: _____

GENERAL CONTACT INFORMATION

BILLING/INVOICE CONTACT INFORMATION:

NAME AND TITLE: _____

ADDRESS: _____

CITY: _____ STATE: __WA__ ZIP CODE: _____

PHONE: _____ EMAIL: _____

SCHOOL PROJECT MANAGER INFORMATION:

NAME AND TITLE: _____

PHONE: _____ EMAIL: _____

ARCHITECT/ENGINEER INFORMATION:

NAME AND TITLE: _____

PHONE: _____ EMAIL: _____

PROJECT SUPERINTENDENT INFORMATION:

NAME AND TITLE: _____

PHONE: _____ EMAIL: _____

COUNTY/CITY PLANNING DEPARTMENT CONTACT:

NAME AND TITLE: _____

PHONE: _____ EMAIL: _____

COUNTY/CITY APPLICATION NUMBER: _____

SCHOOL NUTRITION SERVICES CONTACT:

NAME AND TITLE: _____

PHONE: _____ EMAIL: _____

PROJECT TYPE

☐ New Construction, PE Code 7011

☐ Remodel, PE Code 7012

FOR OFFICIAL USE ONLY

DATE _____ AMOUNT PAID _____ INV _____ APN _____

SR _____ REC'D BY_____ ACT_____