Washington State Department of Labor & Industries

# Electrical Plan Review Submittal Form

Electrical Program
Submit completed form to:
ElectricalPlanReviewMailQuestions@Lni.wa.gov

| For L&I Use Only |
|---|
| EPR |

## Site Information

| | | |
|---|---|---|
| 1. Name of Location | 2. Project Owner | |
| 3. Physical Address Location | | |
| City | State | Zip Code |

## Submitter Information

| | | |
|---|---|---|
| 4. Name | | |
| 5.Mailing Address (street address only, no PO Boxes) | | |
| City | State | Zip Code |
| 6. Phone (include extension) | 7. Email Address | |

## Electrical Design Contact

| | | |
|---|---|---|
| 8. Name | | |
| 9. Mailing Address (street address only, no PO Boxes) | | |
| City | State | Zip Code |
| 10. Phone (include extension) | 11. Email Address | |

## Project Description (Scope of Installation)

| | |
|---|---|
| 12. Projected Construction Start Date | 13. Projected Construction Completion Date |

| | | |
|---|---|---|
| 14. Is this an OSPI-Funded School Project? ☐Yes ☐ No | 15. If "Yes," proposed bid date | 16. School District |
| 17. Is the facility licensed by DOH or DSHS? ☐Yes ☐ No | 18. If "Yes," how is it licensed? | |

Have you paid the required $125 initial Plan Review? ☐ Yes ☐ No
*If "No," your review won't begin until payment is received by the Department.*

Have you completed, signed, and dated the Plan Review Screen-In Checklist? ☐ Yes ☐ No
*Submit the Plan Review Screen-In Checklist with this form. Be sure to include all required documents to expedite the review process and plan approval.*



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# Electrical Plan Review Submittal Form Instructions

## Site Information

1. Name of Location: The name of the facility where project is taking place.
2. Project Owner: The person, business, or agency that is the registered owner of the facility.
3. Physical Address Location: Facility address as assigned by local building or planning department. Include the city in which the project is located.

## Submitter Information

4. Name: This is the person or firm sending plans to L&I.
5. Mailing Address: The location where the submitter can be contacted. Please use street address only — not post office box (for express delivery purposes).
6. Phone: The number for the submitter. Please include any applicable extension.
7. Email Address: Where the submitter can be reached.

## Electrical Design Contact

8. Name: This is the electrical designer or individual that can answer technical questions on electrical plans, load calculations, panel schedules, etc.

   **NOTE:** *If the contact is the same as the submitter, please indicate by writing "Same as Submitter" and you will not need to fill out the rest of this section.*

9. Mailing Address: The location where the electrical design contact can be reached. Please use street address only (for express delivery purposes).
10. Phone: The phone number where the electrical design contact can be reached. Please include any applicable extension.
11. Email Address: Where the electrical design contact can be reached.

## Project Description (Scope of Installation)

Describe the Project: Provide a detailed description of the complete scope of electrical work requested. Indicated whether the project is new construction, an addition, remodel, modification or prior EPR project, or something else.

12. Project Construction Start Date: Date the electrical work begins.
13. Project Construction Completion Date: Date project is scheduled for completion.
14. Is this an OSPI-funded school project? If the project receives state-matching funds from the Office of the Superintendent of Public Instruction, mark "Yes".
15. If "Yes," proposed bid date: This is the date the bids will be opened.
16. School District: The school district where the project is taking place.
17. Is the facility license by DOH or DSHS? Indicate whether the project is licensed through the state Department of Health or Department of Social & Health Services.
18. If "Yes," how is it licensed? Indicate whether the facility is a boarding home, nursing home, or other type of facility.

**NOTE:** *Remember to include* ***your $125 Initial Plan Review fee****. Also include* ***the completed, signed, and dated*** *Plan Review Screen-In Checklist with this form to expedite the review process.*