



Cowlitz County Health & Human Services Departments

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www.co.cowlitz.wa.us/hhs

Board of County Commissioners

Arne Mortensen District 1
Dennis Weber District 2
Joe Gardner District 3

SCHOOL PROJECT PLAN REVIEW APPLICATION

SCHOOL LOCATION INFORMATION

SCHOOL NAME: _____ SCHOOL DISTRICT: _____

SCHOOL LOCATION ADDRESS: _____

CITY: _____ STATE: WA ZIP CODE: _____

PHONE: _____ EMAIL: _____

PRESENT ENROLLMENT: _____ PROJECTED ENROLLMENT: _____

UTILITIES

SEWAGE DISPOSAL Public Sewer Existing Septic System Other: _____

POTABLE WATER Public Water System - Name of System: _____

WATER SUPPLY FOR IRRIGATION: Public Water supply On-site well Other _____

D-SCHEDULE FUNDING:

If this project is going through the OSPI funded D-process: **D-5 deadline** _____ **D-7 deadline** _____

PROJECT SPECIFICS (CHECK ALL THAT APPLY TO THIS PROJECT):

NOTE: A separate checklist is required for each box checked below.

Do you have the checklist(s) for each project type below that will be included with this submission? Yes No

SCHOOL CONSTRUCTION PLAN REVIEW FEES:

- School Plan Review New High School - \$2100
- School Plan Review New Middle/Jr. High School - \$1200
- School Plan Review New Elementary School - \$900
- School Plan Review Small School (6 or fewer classrooms; no specialty classes) - \$375
- Portable Plan Review - \$300
- New Playground Plan Review at existing school - \$300
- Minor Remodel of School - \$350
- Major Remodel of School - %50 of New School Plan Review (min \$350)

Cafeteria and any other food service review done by CCHD Food Program, Swimming Pools are reviewed by DOH

GENERAL CONTACT INFORMATION

BILLING/INVOICE CONTACT INFORMATION:

NAME AND TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ 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: _____

OFFICE USE ONLY

Received by: _____ Date Received: _____

Type of Plan Review:

- | | |
|---|---|
| <input type="checkbox"/> Small School \$375 (5918) | <input type="checkbox"/> Portable \$300 (5922) |
| <input type="checkbox"/> Elementary School \$900 (5919) | <input type="checkbox"/> New Playground \$300 (5923) |
| <input type="checkbox"/> Middle or Junior High School \$1200 (5920) | <input type="checkbox"/> Minor Remodel \$350 (5925) |
| <input type="checkbox"/> High School \$2100 (5921) | <input type="checkbox"/> Major Remodel 50% of regular review/at minimum \$350 |

Type: _____

New School Site Approval \$300 (5917)

Fast Track Fee \$150 (6020)

Total Fee Paid: _____ Date Paid: _____ Clerk Initials: _____ Client ID Number: _____

Date of Final Review/Approval: _____ By: _____