



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

School Site Review Process

When must I apply?

Complete the School Site Review Application before you:

- ☐ Build a school in a new or existing building
- ☐ Relocate a school to an existing building
- ☐ Re-open a school that has been closed for more than 3 years
- ☐ Add or relocate a portable
- ☐ Install a playground in a new location

What happens after I apply?

The BFHD School Environmental Health and Safety Program will evaluate your Site Review application to ensure compliance with Washington State Board of Health Rules for Primary and Secondary Schools (WAC 246-366). This step allows us evaluate that the proposed school site presents no health or safety problems. This step is for approval of the site only-- **before you start construction, you must also submit a plan review packet.**

What else should I know?

- This application must be submitted *with* a complete **Site Hazard Assessment Form**.
- We will email an approval letter to you. At your request, we can mail a copy to the Building Department.
- Before you start construction or remodel, you must complete a plan review packet.
- Most Site Review Applications will require an on-site visit. These visits are charged according to our current fee schedule.
- Site reviews are valid for 2 years. If a school plan review packet is not submitted by this time, a new site review will be required.
- Do not start construction without site or plan approval.

Questions?

Contact the Benton-Franklin Health District School Environmental Health & Safety Program with questions at:

Contactusschoolsafety@bfhd.wa.gov
(509) 460-4205



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For Office Use Only	
App Accepted By:	
Other Materials: <input type="checkbox"/> ESA <input type="checkbox"/> SEPA <input type="checkbox"/> SLS <input type="checkbox"/> SL	Code:

School Site Review Application

SECTION 1: CONTACT INFORMATION			
Note: District Main Office Mailing Address will be the "Address of Record" for all communication mailed from this Department.			
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 and Invoice 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	
Project Consultant Name & Title, If Applicable	Telephone Number ()	Email Address	
SECTION 2: SCHOOL INFORMATION			
Note: A Site Sound Level Survey is Required Unless Waived by Benton-Franklin Health District.			
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: _____		
Parcel #	Sewage Disposal <input type="checkbox"/> Public Sewer <input type="checkbox"/> On-site Septic System <input type="checkbox"/> Other: _____		
Projected Enrollment	Maximum Occupancy		
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			
All relevant surveys (e.g., ESA, SEPA, Sound level survey) If yes, please list documents attached: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Site layout showing the location of the school on the parcel			<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: PROJECT LOGISTICS			
Date of Expected Occupancy	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: COMMENTS

Use the section below to describe any other relevant details about the project or construction timeline.

SECTION 6: 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