



# City of Yakima

# Home-Based Daycare

# Application Packet

It is important to your land use review that all parts of this application packet be completed. All narratives, when requested, must be completed with each question being answered separately. All items requested on the site plan checklist must be shown on the site plan and the completed checklist submitted with your application. Any item not applicable should be so noted.

Don't forget to sign your application and site plan.

If you have any questions about your application, please ask to speak with a Planner.

**City of Yakima, Planning Division**  
**129 North 2<sup>nd</sup> Street, 2<sup>nd</sup> Floor, Yakima, WA 98901**  
**Phone#: (509) 575-6183 Fax#: (509) 575-6105**

# HOME OCCUPATION

Business may be conducted within a dwelling, in the residential districts under the provisions of YMC 15.04.120, as long as the home occupation is compatible with other uses permitted in the residential districts; the character of residential neighborhoods are maintained and preserved; and, the efficient use of public services and facilities are promoted by assuring these services are provided to the residential population for which they were planned and constructed, rather than commercial uses.

**How do I get started?:** The Urban Area Zoning Ordinance includes a list of permitted home occupations (YMC 15.04, Table 4-2). In general, home occupations are typically low impact businesses, for example: home offices for engineers, accountants, attorneys, physicians, and secretarial services and service offices for day cares, music teachers, beauty parlors, and massage therapy. A list of home occupations that are not allowed are included in YMC § 15.04.120(G). All home occupations require a business license.

**Talk to a City Planner:** Before preparing your application, you may wish to have a City Planner review your proposal. Predevelopment conferences are free and may give you a better understanding of the review process.

**Submit Your Application:** A completed application on forms provided by the Planning Division is required along with an application fee, written narrative, and general site plan. To expedite the process, be sure that all parts of the application package are completed. All narratives, when requested, must be completed with each question being answered separately. All items requested on the site plan checklist, must be shown on the site plan and the completed checklist submitted with your application. If you have any questions about your application please ask to speak with a Planner. If your home occupation requires either a Type (2) or (3) review, you must complete the appropriate application.

**Necessary Conditions:** Home occupations are permitted as an accessory use to the residential use of a property only when all the following conditions are met:

1. The home occupation is conducted inside a structure within property on which is established the primary residence of the practitioner(s);
2. The home occupation is incidental and subordinate to the residential functions of the property. No action related to the home occupation shall be permitted that impairs reasonable residential use of the dwelling;
3. There are no external alterations to the building which changes its character from a dwelling;
4. The portion of the structure or facilities in which a home occupation is to be sited must be so designed that it may be readily converted to serve residential uses;
5. The business is conducted in a manner that will not alter the normal residential character of the premises by the use of color, materials, lighting and signs, or the emission of noise, vibration, dust, glare, heat, smoke, or odors;
6. The home occupation does not generate materially greater traffic volumes than would normally be expected in the residential neighborhood;
7. There is no outside storage or display of any kind related to the home occupation;
8. The home occupation does not require the use of electrical or mechanical equipment that would change the fire rating of the structure;
9. The home occupation does not require the use of electrical equipment that exceeds FCC standards for residential use;
10. The home occupation does not increase water or sewer use so that the combined total use for the dwelling and home occupation is significantly more than the average for residences in the neighborhood;
11. A business license is purchased where required;
12. The home occupation is conducted only by immediate family members residing in the dwelling; and,
13. All stock in trade kept for sale on the premises is produced on-site by hand without the use of automated or production line equipment.

**Appearance of Home:** The approval of the home occupation should not change the neighborhood appearance. To address this concern, signs are limited to one small non-illuminated nameplate (two square feet in size) displayed on the wall of the residence. Also, alterations to the residence cannot be changed to the extent that the structure could not be used as a home in the future.



# LAND USE APPLICATION

CITY OF YAKIMA, DEPARTMENT OF COMMUNITY DEVELOPMENT

129 NORTH SECOND STREET, 2ND FLOOR, YAKIMA, WA 98902

VOICE: (509) 575-6183 FAX: (509) 575-6105

**INSTRUCTIONS – PLEASE READ FIRST** Please type or print your answers clearly.

Answer all questions completely. If you have any questions about this form or the application process, please ask a Planner. Remember to bring all necessary attachments and the required filing fee when the application is submitted. The Planning Division cannot accept an application unless it is complete and the filing fee paid. Filing fees are not refundable.

This application consists of four parts. PART I - GENERAL INFORMATION AND PART IV – CERTIFICATION are on this page. PART II and III contain additional information specific to your proposal and MUST be attached to this page to complete the application.

## PART I – GENERAL INFORMATION

1. Applicant's Information:	Name:						
	Mailing Address:						
	City:		St:		Zip:		Phone: ( )
	E-Mail:						

2. Applicant's Interest in Property:	Check One:	<input type="checkbox"/> Owner	<input type="checkbox"/> Agent	<input type="checkbox"/> Purchaser	<input type="checkbox"/> Other _____
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3. Property Owner's Information (If other than Applicant):	Name:						
	Mailing Address:						
	City:		St:		Zip:		Phone: ( )
	E-Mail:						

4. Subject Property's Assessor's Parcel Number(s):

5. Legal Description of Property. (if lengthy, please attach it on a separate document)

6. Property Address:

7. Property's Existing Zoning:  
 SR  R-1  R-2  R-3  B-1  B-2  HB  SCC  LCC  CBD  GC  AS  RD  M-1  M-2

8. Type Of Application: (Check All That Apply)

<input type="checkbox"/> Administrative Adjustment	<input type="checkbox"/> Environmental Checklist (SEPA Review)	<input type="checkbox"/> Easement Release
<input type="checkbox"/> Type (1) Review	<input type="checkbox"/> Right-of-Way Vacation	<input type="checkbox"/> Rezone
<input type="checkbox"/> Type (2) Review	<input type="checkbox"/> Transportation Concurrency	<input type="checkbox"/> Shoreline
<input type="checkbox"/> Type (3) Review	<input type="checkbox"/> Non-Conforming Use/Structure	<input type="checkbox"/> Critical Areas Review
<input type="checkbox"/> Preliminary Short Plat	<input type="checkbox"/> Appeal to HE / City Council	<input type="checkbox"/> Variance
<input type="checkbox"/> Final Short Plat	<input type="checkbox"/> Interpretation by Hearing Examiner	<input type="checkbox"/> Temporary Use Permit
<input type="checkbox"/> Short Plat Amendment	<input type="checkbox"/> Modification	<input type="checkbox"/> Overlay District
<input type="checkbox"/> Preliminary Long Plat	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Binding Site Plan
<input type="checkbox"/> Final Long Plat	<input type="checkbox"/> Comprehensive Plan Text or Map Amendment	<input type="checkbox"/> Planned Development
<input type="checkbox"/> Plat Alteration –Long Plat	<input type="checkbox"/> Short Plat Exemption: _____	<input type="checkbox"/> Other: _____

## PART II – SUPPLEMENTAL APPLICATION, PART III – REQUIRED ATTACHMENTS, & PART IV – NARRATIVE

9. SEE ATTACHED SHEETS

## PART V – CERTIFICATION

10. I certify that the information on this application and the required attachments are true and correct to the best of my knowledge.

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



Supplemental Application For:  
**HOME OCCUPATIONS**  
YAKIMA MUNICIPAL CODE CH. 15.04

**PART II - APPLICATION INFORMATION**

1. HOME OCCUPATION TYPE: (Must be taken from YMC Ch. 15.04, Table 4-2)

2. LEGAL DESCRIPTION OF THE SUBJECT PROPERTY: (Attach if lengthy)

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**PART III - APPLICATION INFORMATION**

3. SITE PLAN REQUIRED (except for Business Administration): (Please use the attached Site Plan Checklist)

4. A WRITTEN NARRATIVE: (Please submit a written response to the following questions)

A. Fully describe the proposed development, including number of dwelling units and parking spaces. If the proposal is for a business, describe hours of operation, days per week and all other relevant information related the business.

B. How is the proposal compatible to neighboring properties?

C. What mitigation measures are proposed to promote compatibility?

D. How is your proposal consistent with current zoning of your property?

E. How is your proposal consistent with uses and zoning of neighboring properties?

F. How is your proposal in the best interest of the community?

**Note:** if you have any questions about this process, please contact us City of Yakima, Planning Division, 129 N. 2nd St., Yakima, WA or 509-575-6183

**Revised 02-11**

**FOR ADMINISTRATIVE USE ONLY**

\_\_\_\_\_  
Administrative Official/Authorized Agent

HO OCCU # \_\_\_\_\_

Approved

Approved with Conditions

Denied

Conditions/Comments: \_\_\_\_\_

\_\_\_\_\_

**Supplemental Application For (Continued):**  
**HOME OCCUPATIONS**

**PART IV - BUSINESS INFORMATION**

1. BUSINESS NAME:

2. BUSINESS TYPE: (Check one)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accountant<br><input type="checkbox"/> Architect<br><input type="checkbox"/> Artist, author, arts and crafts<br><input type="checkbox"/> Attorney<br><input type="checkbox"/> Barbershop, Beauty Parlor<br><input type="checkbox"/> Bed and Breakfast<br><input type="checkbox"/> Business Administration<br><input type="checkbox"/> Cabinet, Mill Work, Carpentry<br><input type="checkbox"/> Catering Service<br><input type="checkbox"/> Ceramics & Sculpting<br><input type="checkbox"/> Composer<br><input type="checkbox"/> Day Care, Family Home | <input type="checkbox"/> Dentist<br><input type="checkbox"/> Dog Grooming<br><input type="checkbox"/> Dressmaker, Seamstress, Tailor<br><input type="checkbox"/> Engineer<br><input type="checkbox"/> Food Preparation<br><input type="checkbox"/> Home Instruction (1-5 Students)<br><input type="checkbox"/> Home Instruction (6-8 Students)<br><input type="checkbox"/> Insurance Agent<br><input type="checkbox"/> Locksmith<br><input type="checkbox"/> Photographer (not including productions studio)<br><input type="checkbox"/> Physician | <input type="checkbox"/> Product Assemblage*<br><input type="checkbox"/> Massage Therapy/Spa*<br><input type="checkbox"/> Music Teacher<br><input type="checkbox"/> Production of small articles by hand without the use of automated or production line equipment<br><input type="checkbox"/> Radio, Television and Small Appliance Repair<br><input type="checkbox"/> Real Estate Agent<br><input type="checkbox"/> Secretarial, Phone Answering, Desk Top Publishing Service*<br><input type="checkbox"/> Small Engine Repair<br><input type="checkbox"/> Wedding Service |
|---|--|--|

A. Fully describe the nature of the business:

B. What are the hours of operation?:

C. Estimate the number of hours a month you will be working:

D. Describe traffic impacts:

E. Will the neighbors be impacted in any way?:

**PART V - REQUIRED ATTACHMENTS**

4. SITE PLAN: (Required for all applications except Business Administration)

**PART VI - CERTIFICATION**

If granted a home occupation permit, I agree to comply with the requirements established for home occupations in Chapter 15.04 of the Yakima Urban Area Zoning Ordinance and acknowledge that I am subject to those penalties established by said ordinance should I fail to comply. I further agree to comply with all Building, Plumbing, Mechanical and any other Code of the City of Yakima in connection with the structure utilized for the home occupation.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

**By checking the boxes below, I acknowledge that my home-based business will comply with each of the thirteen (13) conditions outlined in 15.04.090(C) of the Urban Area Zoning Ordinance.**

- The home occupation is conducted inside a structure within property on which is established the primary residence of the practitioner(s);
- The home occupation is incidental and subordinate to the residential functions of the property. No action related to the home occupation shall be permitted that impairs reasonable residential use of the dwelling;
- There are no external alterations to the building which changes its character from a dwelling;
- The portion of the structure or facilities in which a home occupation is to be sited must be so designed that it may be readily converted to serve residential uses;
- The business is conducted in a manner that will not alter the normal residential character of the premises by the use of color, materials, lighting and signs, or the emission of noise, vibration, dust, glare, heat, smoke, or odors;
- The home occupation does not generate materially greater traffic volumes than would normally be expected in the residential neighborhood;
- There is no outside storage or display of any kind related to the home occupation;
- The home occupation does not require the use of electrical or mechanical equipment that would change the fire rating of the structure;
- The home occupation does not require the use of electrical equipment that exceeds FCC standards for residential use;
- The home occupation does not increase water or sewer use so that the combined total use for the dwelling and home occupation is significantly more than the average for residences in the neighborhood;
- A business license is purchased where required
- The home occupation is conducted only by immediate family members residing in the dwelling; and,
- All stock in trade kept for sale on the premises is produced on-site by hand without the use of automated or production line equipment.

**Please fill out the Declaration Regarding ADA Exemption if clients do not come to your residence:**

**DECLARATION REGARDING ADA EXEMPTION**

I \_\_\_\_\_ am engaged in a home occupation business, \_\_\_\_\_, in my residence located at \_\_\_\_\_ Yakima, WA 9890\_\_. The floor area of my residence is \_\_\_\_\_ sq. ft. and the area used for business purposes is \_\_\_\_\_ sq. ft. I assure the City of Yakima that the walk-in public will not be invited onto the premises as a customer of my business. I am not renovating or expanding the building. If I do such, I understand that I need to obtain a building permit. I declare, under penalty of perjury under the laws of the State of Washington that my statements above are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**COMMUNITY DEVELOPMENT DEPARTMENT**

**Code Administration Division**

**129 North Second Street, 2nd Floor Yakima, Washington 98901**

**(509) 575-6126 • Fax (509) 576-6576**

**codes@yakimawa.gov • www.buildingyakima.com**

# GENERAL BUSINESS LICENSE APPLICATION

**COMPLIANCE WITH THE URBAN AREA ZONING ORDINANCE IS REQUIRED  
PRIOR TO ISSUANCE OF ANY/ALL BUSINESS LICENSES**

**\*\*ALL INCOMPLETE APPLICATIONS WILL BE RETURNED\*\***

## GENERAL BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Physical Location: \_\_\_\_\_ Suite \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Zoning: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Suite # \_\_\_\_\_

Attention: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

FAX #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

WA State UBI#: (Tax Number) \_\_\_\_\_

Parent Company Name (if applicable): \_\_\_\_\_

Ownership Type: Individual \_\_\_ Partnership \_\_\_ Association \_\_\_ Corporation \_\_\_ LLC \_\_\_

Is this business a change in ownership of an existing business? \_\_\_\_\_

Detailed Description of Business: \_\_\_\_\_

\_\_\_\_\_

Previous Location and License Number: \_\_\_\_\_

## OWNERS/OFFICERS

**List Owners/Officers Below:  
(Use Separate Page if Needed)**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## OPERATION INFORMATION

Hours of Operation: \_\_\_\_\_ Days of Operation: \_\_\_\_\_

Number of Employees and Owners Combined: \_\_\_\_\_

Tax Exempt? Y/N

Will there be alterations to the building for your business? Y/N

Does this business share space with other business(es)? Y/N

If Yes, please provide name of business(es): \_\_\_\_\_

## REQUIRED ATTACHMENTS

The following attachments are required in the following situations: change to a use requiring more parking per code; change in site layout (i.e. revised parking, circulation, building layout; relocation or addition of utility lines/appurtenances); adding an additional business in an existing building. (Please contact City staff if you have questions on applicability.)

- a. A scaled site plan including the location of off-street parking as well as onsite water and sewer infrastructure. Also include the location and number of disabled parking spaces and whether the lot is paved or unpaved. A current aerial photo *may* substitute the site plan requirement if the existing parking configuration can be deciphered from the aerial and if the new use does not change the required number of parking spaces or utility layout.
- b. A scaled floor plan which identifies the use of each room in the building.
- c. A complete application for Type 1, 2, or 3, depending on zoning designation.
- d. A completed IW Survey Form (attached) or indicate the date when the electronic IW Survey form was submitted: \_\_\_\_\_

## ACCESSIBILITY

Please be advised that changes in occupancy of an existing building often trigger accessibility requirements such as accessible parking spaces, an accessible building entrance, and other items. Improvements that require permits may also trigger accessibility requirements in an existing building.

The issuance of this license is a tax on your business activity and does not entitle you to conduct business in violation of any other federal, state or local laws applicable to that business operation. **Applicant is responsible for obtaining approval from property owner for all activities conducted on private property.**

\_\_\_\_\_  
Applicant's Signature and Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

# Owners/ Employees	1-2	3-5	6-9	10-14	15-20	21-30	31-45	46-60	61-80	over 80
Fee	\$42.90	\$85.80	\$150.00	\$214.20	\$321.15	\$428.40	\$642.60	\$856.80	\$1,071.00	\$1,285.20

Those applying after June 30<sup>th</sup> will be charged half price.

FOR OFFICE USE ONLY

Prev Occu Class: \_\_\_\_\_ NEW Occu Class: \_\_\_\_\_ Change of Use: Y/N Tax Exempt: Y/N

	<u>No</u>	<u>Yes</u>
Fire, Life, Safety Inspection <b><u>Prior to Issuing License</u></b>	( )	( )
Change of Occupancy	( )	( )
Fire, Life, Safety Inspection Prior to Opening	( )	( )
Building Inspection Required (restrooms, parking, etc.)	( )	( )

Reviewed by Planning Staff: \_\_\_\_\_ Date: \_\_\_\_\_ Zoning: \_\_\_\_\_

CL(1) \_\_\_\_\_ CL(2) \_\_\_\_\_ CL(3) \_\_\_\_\_ Use label in Table 4-1 of UAZO \_\_\_\_\_

Parking spaces for this use: Required \_\_\_\_\_ Provided \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed by Code Admin Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

## SUPPLEMENTAL QUESTIONNAIRE FOR IN-HOME DAYCARES

- 1) What will be your hours of operation?
- 2) \*What is the number of children you are licensed for/will be caring for?
- 3) What is the number of employees you will have?
- 4) Have you notified your neighbors of your intent to operate a daycare at this location?  
If yes, what type of responses have you received?
- 5) Please provide a floor plan of your residence, showing what area(s) will be used for the in-home daycare.  
(Clearly identify those areas on the plan in a different color ink or markings)
- 6) Will you reside at this site, in addition to operating a daycare at this location?
- 7) \*A fire inspection is required for in-home daycares for 6 or more children. The inspection must be scheduled and approved prior to issuance of the home occupation permit/general business license.
  - 1) Smoke detectors are required in and adjoining children's sleeping areas.
  - 2) Fire extinguisher (Minimum 2A10:BC) is required for every floor level used for daycare.
  - 3) Compliance with Section 310 of the Washington State Amendments.  
(see reverse side of this form)
- 8) \*A site plan, which indicates off-street parking, is required for in-home daycares for 6 or more children.



## CITY OF YAKIMA PRELIMINARY INDUSTRIAL WASTE SURVEY (shortened version)

Please complete this survey in full. A Federal and State requirement has been placed on this community to accomplish this inventory. **Failure to submit a completed survey will be in violation of Chapter 7.65 of the City's Municipal Code.** For assistance in completing this form, you may contact the Pretreatment Supervisor at (509) 249-6816.

Business Name: \_\_\_\_\_

Address of facility discharging wastewater:

Street \_\_\_\_\_ City \_\_\_\_\_

Brief description of business and services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the facility connected to the public sewer system? Yes \_\_\_ No \_\_\_ Don't know \_\_\_

Utility Services Billing Account # (if known) \_\_\_\_\_

Based on your answers to these questions you may be asked to provide additional information to the City's Wastewater Division.

**The information provided in this survey is, to the best of my knowledge, true and complete.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name and title

\_\_\_\_\_  
Telephone Number

**Pretreatment Office  
Yakima Regional Wastewater Division  
2220 East Viola Avenue  
Yakima, WA 98901**