



**COMMUNITY DEVELOPMENT DEPARTMENT**

*Joan Davenport, AICP, Director*

*Glenn Denman, Manager*

*Code Administration Division*

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

*Phone (509) 575-6126 • Fax (509) 576-6576 E-mail: [codes@yakimawa.gov](mailto:codes@yakimawa.gov)*

# **CHANGE OF OCCUPANCY APPLICATION PACKET**



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**NOTE:**

***Prior to submitting this application, please verify with the City of Yakima Planning Division if land use review/approval will be required:  
(509) 575-6183 or [ask.planning@yakima.gov](mailto:ask.planning@yakima.gov).***

**Submittal Requirements:**

- 1) Completed building permit application form.
- 2) If remodeling is planned, provide a BEFORE / AFTER Floor Plan. Refer to the "Building / Plan Review Permit Fee Schedule" for applicable fees. Also, please indicate if there are any adjacent businesses. There are separate forms/fees for Fire, Plumbing, Mechanical, Sign, etc. Permits.

If no remodeling is planned, provide a copy of the existing floor plan that shows the intended use of areas, such as: office, storage, restroom, etc. Also, please indicate if there are any adjacent businesses. *If no remodeling is proposed, the plan review and building permit fee is based on the minimum fee of: \$13.94 Plan Review Fee / \$21.45 Building Permit Fee+ \$25.00 Washington State Surcharge = \$60.39*

***NOTE:*** *A design professional, licensed under the provisions of RCW Chapter 18.08, RCW Chapter 18.43, and corresponding WAC regulations as now exist or are hereafter amended is required to prepare or oversee the preparation of construction documents for the construction, erection, enlargement, alteration, and/or repairs of any building or structure that contains or shall contain five or more residential dwelling units or for any commercial building or structure that is or shall be over four thousand square feet in size ([YMC 11.04.050](#)).*

- 3) Provide a General Site Plan demonstrating compliance with the American Disabilities Act (ADA).

The above-referenced information will be used to:

- 1) Verify that the new occupancy is in compliance with applicable code requirements;
- 2) Verify that other existing occupancies have adequate fire separations, etc. (if applicable); and
- 3) Verify that the structure is compliant with the ADA for restrooms access/egress and parking.



# Building Permit Application

**Building Permit #** \_\_\_\_\_

Site Address: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Email \_\_\_\_\_

Construction Type(s): \_\_\_\_\_ IBC/IRC Occupancy Classification \_\_\_\_\_ Estimated Cost of Construction: \_\_\_\_\_

Is this a change of occupancy?  Yes  No Will this project create an Accessory Dwelling Unit per YMC 15.09.045?  Yes  No

Will 1 acre or more be cleared or graded?  Yes  No Will temporary construction trailers be utilized?  Yes  No

Is this property within the flood area?  Yes  No

**Description of Work** (if lengthy, please attach on a separate document)

## Building Information

- Single-Family New  Single-Family Alteration  Single-Family Addition  
 Multifamily New  Multifamily Alteration  Multifamily Addition  
 Commercial New  Commercial Addition  New Commercial Tenant  Renovation for Existing Commercial Tenant

## Square Footages of NEW Construction

1<sup>st</sup> Floor \_\_\_\_\_ 2<sup>nd</sup> Floor \_\_\_\_\_ 3<sup>rd</sup> Floor \_\_\_\_\_ Basement \_\_\_\_\_ Unfinished Attic Space \_\_\_\_\_  
 Garage \_\_\_\_\_ Carport \_\_\_\_\_ Covered Porch \_\_\_\_\_ Covered Patio \_\_\_\_\_  
 # of stories \_\_\_\_\_ # of bathrooms \_\_\_\_\_ # of bedrooms \_\_\_\_\_ # of units (residential) \_\_\_\_\_ # of tenants (commercial) \_\_\_\_\_

Fire Sprinkler?:  Yes  No City Water?:  Existing  New City Sewer?:  Existing  New

Fire Alarm?:  Yes  No Well?:  Existing  New Septic System?:  Existing  New

## Contact Information

Applicant Name: \_\_\_\_\_ Applicant Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Contractor Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ Contractor License #: \_\_\_\_\_

Registered Design Pro. Name: \_\_\_\_\_ Design Pro Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ License #: \_\_\_\_\_

\*\*\*If required by the International Building Code, will you be the **design professional in responsible charge** of this project?  Yes  No

Property Owner Name: \_\_\_\_\_ Owner Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Lending Info Provided?  N/A  Not Provided  To be provided at a later date

Lending Institution: \_\_\_\_\_ Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

## Declaration

I hereby certify that (please select one):

- I am a **CONTRACTOR** or SPECIALTY CONTRACTOR currently registered and properly licensed as defined under RCW 18.27.010 and 18.27.110 and am legally qualified to perform the work sought by this permit.  
 I am an **AUTHORIZED AGENT** of the property owner and all work will be done by the property owner or a properly licensed contractor or specialty contractor as defined under RCW 18.27.010 and 18.27.110 and is legally qualified to perform the work sought by this permit.  
 I am **EXEMPT** from the requirements of the Contractor Registration laws, per RCW 18.27.090, and will abide by all provisions and conditions of the exemption as stated. I will do all of my own work or use all registered and licensed contractors and/or specialized contractors in connection with the work to be performed under the permit applied for herein.

I hereby certify under penalty of perjury of the Laws of the State of Washington that I have read and examined this application and know that the information contained herein is true and correct. I understand that the granting of a permit does not authorize me in any way to violate or cancel any of the provisions of state, federal or local laws regulating the construction or performance of construction sought under this permit.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_



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**PLUMBING PERMIT APPLICATION** Permit# \_\_\_\_\_

Job Address: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Project Description: \_\_\_\_\_

Estimated cost of the work to be performed (materials and labor): \$ \_\_\_\_\_

<b>Property Owner</b>	<b>Contractor</b>
Name: _____	Business Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
E-mail: _____	E-mail: _____
Phone: _____	State Cont. Lic. #: _____ exp. _____
Alt. Phone: _____	Phone: _____

ITEM	QTY.
Atmospheric Breaker	
Backflow Device (RPBA or DCVA) <2"	
Backflow Device (RPBA or DCVA) >2"	
Bar Sink	
Bathtub	
Clothes Washer	
Dishwasher	
Drinking Fountain	
Floor Drain	
Hose Bib	
Kitchen Sink	
Kitchen Sink 3 Compartment	
Laundry Tray	
Lavatory (Basin)	
Miscellaneous:	
_____	

ITEM	QTY.
Mop Sink	
Pretreatment Interceptor	
Repair/Alt. Drain/Vent Piping	
Roof Drain	
Sewage Pump	
Sewer Repair	
Shower	
Side Sewer	
Sink	
Supplemental Permits	
Urinal	
Water Closet – Tank Type	
Water Closet – Flushometer Type	
Water Heater	
Water Piping/Service	
Sampling Port	

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_____ Signature	_____ Print Name	_____ Date
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**MECHANICAL PERMIT APPLICATION** Permit# \_\_\_\_\_

Job Address: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Project Description: \_\_\_\_\_

Estimated cost of the work to be performed (materials and labor): \$ \_\_\_\_\_

**Property Owner**

**Contractor**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Alt. Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 State Cont. Lic. #: \_\_\_\_\_ exp. \_\_\_\_\_  
 Phone: \_\_\_\_\_

ITEM	QTY.
A/C Unit	
Air Handler – CFM: _____	
Commercial Incinerator	
Domestic Incinerator	
Dryer Vent	
Electric, Baseboard, or Suspended Heaters	
Evaporative Cooler	
Furnace/Heater – BTUs: _____	
Gas Boiler – BTUs: _____	
Gas Fireplace/Log/Heat Stove	
Gas Grill	
Gas Piping outlets	
Gas Range	

ITEM	QTY.
Haz Piping outlets	
Heat Pump	
Kitchen Exhaust Fan	
LP Tank/Residential <125 gal	
Miscellaneous: _____	
Non Haz Piping outlets	
Pellet Stove	
Repair/Alt./Addn. to a listed appliance: _____	
Type I/II Commercial Hood	
Vent Fan (laundry, bath)	
Vent Systems	
Wood Stove	

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

All general site plans shall be drawn to scale and be legibly drawn, prepared, or printed on eight and one-half inches by eleven inches, unless otherwise requested. The scale of the drawing shall be a standard engineering scale and shall reasonably utilize the paper's size.

**General Site Plan Checklist for Type (1) Review – YMC § 15.11.040 (B):**

- ( ) Parcel Number(s)
- ( ) Property Address
- ( ) Legal Description
- ( ) North Arrow
- ( ) Scale
- ( ) Applicant Name
- ( ) Project Name
- ( ) Property Dimensions and Shape of Lot
- ( ) Size and Location of Existing Structures
- ( ) Size and Location of Proposed Structures
- ( ) Distance(s) of Structures to Property Line and Centerline of Right-of-Way (YMC § Ch. 15.05, Table 5-1)
- ( ) Location of Existing and Proposed Signage (YMC § Ch. 15.08)
- ( ) Size and Location of Utilities
- ( ) Parking Circulation Plan (YMC § Ch. 15.06.030)
- ( ) Proposed Landscaping (YMC § Ch. 15.06.090)
- ( ) Proposed SITESCREENING (YMC § Ch. 15.07)
- ( ) Location of Ingress and Egress Points
- ( ) Adjacent Rights-of-Way and Existing Frontage Improvements
- ( ) Lot Coverage Calculation (YMC § Ch. 15.05.020(C))
- ( ) Clearview Triangle – YMC § Ch. 15.05.040 – Vision Clearance
- ( ) Dumpster and Screening Location
- ( ) Per Section 15.05.020.K.2 of the Urban Area Zoning Ordinance, the area around a swimming pool shall be enclosed by a protective fence not less than four (4) feet in height.

The site plan shall also include any other information required by the Department or Administrative Official to clarify the proposal, assess its impacts, or determine compliance with this Title. Note: If you have any questions about this process, please contact City of Yakima Planning Division – 129 N. 2nd St., Yakima, WA or by phone at: (509) 575-6183.

Rev: 7/25/18