



**COMMUNITY DEVELOPMENT DEPARTMENT**

*Code Administration Division*

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

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

# **CHANGE OF OCCUPANCY APPLICATION PACKET**



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# Change of Occupancy Application Packet

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.
  - Indicate if there are any adjacent businesses.
  - Refer to the "Permit and Plan Review Fees" table in the [City of Yakima Master Fee Schedule](#) for applicable fees. Note that there are separate forms and fees for related permits such as Fire, Plumbing, Mechanical, Sign, etc.

### If NO remodeling is planned:

- Provide copy of existing floor plan that shows the intended use of areas, such as: office, storage, restroom, etc.
- Indicate if there are any adjacent businesses.
- If no remodeling is proposed, the following will apply: minimum plan review fee (\$60), minimum building permit fee (\$50), technology fee (4% of the combined total for permit and plan review fee), minimum inspection fee (\$60), and the \$25.00 Washington State Surcharge = approximately \$200.

***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 #: \_\_\_\_\_ Zoning Dist. \_\_\_\_\_

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

Construction Type(s): \_\_\_\_\_ IBC/IRC Occupancy Classification \_\_\_\_\_ Estimated Cost of Construction: \_\_\_\_\_  
*(If cost of labor is not included, cost of materials will be doubled)*

Change of building occupancy classification?  Yes  No  
 Will 1 acre or more be cleared or graded?  Yes  No  
 Is this property within the flood area?  Yes  No  
 New land use designation or change of land use designation proposed?  Yes  No  
 Will this project create an Accessory Dwelling Unit per YMC 15.09.045?  Yes  No

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

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## 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 \_\_\_\_\_ Attic, stairway-access \_\_\_\_\_  
 Garage \_\_\_\_\_ Carport \_\_\_\_\_ Covered Porch \_\_\_\_\_ Covered Patio \_\_\_\_\_ Attic, ladder-access \_\_\_\_\_  
 # 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: \_\_\_\_\_

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

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

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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

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

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

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

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

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## 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. I understand that this application will expire within 180 days after the date of filing unless such application has been pursued in good faith or a permit has been issued. An extension may be applied for prior to expiration. An extension fee will apply.**

Signature \_\_\_\_\_

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

Date \_\_\_\_\_



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

**Permit Fee:** Base Fee (\$50) + Price Per Fixture (\$22) + Plan Review, if necessary (\$60).

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

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

**Property Owner**

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

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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

**Alt. Phone:** \_\_\_\_\_

**Contractor**

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

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**State Cont. Lic. #:** \_\_\_\_\_ **exp.** \_\_\_\_\_

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

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

ITEM	EXISTING QUANTITY	NEW QUANTITY
Mop Sink		
Pretreatment Interceptor (Grease/Oil)		
Repair/Alt. Drain/Vent Piping		
Roof Drain		
Sewage Pump		
Sewer Repair/Replacement		
Shower		
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): \$ \_\_\_\_\_  
(If cost of labor is not included, cost of materials will be doubled)

Property Owner

Contractor

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

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

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

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

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

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

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

State Cont. Lic. #: \_\_\_\_\_ exp. \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

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

Mechanical Appliances

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



# CITY OF YAKIMA SITE PLAN CHECKLIST

## For Land Use Review & Building Permits



**Site plans required for land use review and building permits shall include the items listed below.**

Sections from the Yakima Municipal Code are referenced by some items to help guide applicants. This is not a comprehensive list. View the full Yakima Municipal Code here: <https://www.codepublishing.com/WA/Yakima/>

- Property address, parcel number, and zoning designation;
- Legal description of the land;
- North arrow and scale of drawing;
- Name of applicant, phone number, signature of property owner and project name;
- Actual dimensions and shape of the lot to be built upon;
- Sizes and location of existing structures on the lot to the nearest foot;
- Location and dimensions of proposed structures and uses;
- All structure setbacks ([YMC § 15.05.030](#));
- Lot coverage calculations ([YMC § 15.05.020\(C\)](#));
- Clearview triangle ([YMC § 15.05.040](#));
- Size and location of proposed and existing utility easements and other easements;
- Location and size of required site drainage facilities including on-site retention;
- Adjacent Right-of-Way dedication and frontage improvements;
- Distance(s) of structures to property line and to the centerline of the Right-of-Way ([YMC § 15.05.030](#), Table 5-1);
- Location of ingress and egress, including curb cuts intersecting with streets and dimensions of proposed or existing driveways ([YMC § 15.06.065](#));
- Location and size of parking stalls with accessible parking spaces and aisles identified ([YMC Ch. 15.06](#));
- Location of electric vehicle (EV) infrastructure;
- Parking circulation plan with proposed landscaping and sitedcreening ([YMC Ch. 15.06](#));
- Location and size of new or existing loading spaces ([YMC § 15.06.130](#));
- Proposed and existing signage ([YMC Ch. 15.08](#)); and
- Proposed or existing mailbox location.

**A site plan for development in the floodplain overlay shall also include the following information:**

- Size and location of floodplain and floodway on the lot;
- Elevation in relation to the one-hundred-year flood level of the lowest floor (including basement) of all structures;
- Elevation in relation to mean sea level of any structure that has been floodproofed;
- Certification by a registered professional engineer or architect that established floodproofing standards have been met;
- Description of the extent to which any watercourse will be altered or relocated as a result of the proposed development; and
- Any other site plan requirements identified in [YMC Ch. 15.27](#) Part Four.

*Additional information may be requested. Projects requiring work in the public right-of-way or involving city water main lines or sewer main lines will be required to submit civil plans to the Engineering Division for review.*