

COMMUNITY DEVELOPMENT DEPARTMENT

Joan Davenport, AICP, Director

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

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.***

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*

- 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.



Community Development Department
Code Administration Division
 129 N 2nd Street, 2nd Floor, Yakima, WA 98901
 Phone: (509) 575-6126 * Fax: (509) 576-6576
 codes@yakimawa.gov * www.buildingyakima.com

Building Permit Application

Building Permit # _____

Site Address: _____ Parcel #: _____

Primary Contact Name: _____ Phone#: _____ Email _____

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

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

Is Property within the flood area? Yes No Change of Occupancy? Yes No

Description of Work

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

1st Floor _____ 2nd Floor _____ 3rd Floor _____ Basement _____ Unfinished Attic Space _____

Garage _____ Carport _____ Covered Patio _____ Covered Porch _____

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 #: _____

Architect Name: _____ Architect Address: _____

Phone #: _____ Email: _____ Architect License #: _____

Property Owner Name: _____ Owner Address: _____

Phone #: _____ Email: _____ Alt. Phone: _____

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

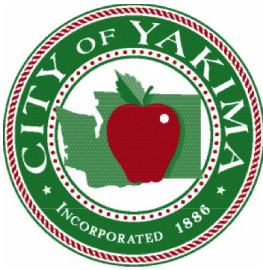
Lending Institution: _____ Phone #: _____ Address: _____

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 certify that I am the owner of the subject property, or, **that I** have been given express permission by the owner of the subject property to submit this application for permit. 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: _____

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: _____

| ITEM | FEE | QTY. | AMOUNT |
|------------------------------------|---------|------|---------|
| Base Fee | \$31.82 | 1 | \$31.82 |
| Atmospheric Breaker | \$8.04 | | |
| Backflow Device (RPBA or DCVA) <2" | \$11.23 | | |
| Backflow Device (RPBA or DCVA) >2" | \$24.95 | | |
| Bar Sink | \$11.23 | | |
| Bathtub | \$11.23 | | |
| Clothes Washer | \$11.23 | | |
| Dishwasher | \$11.23 | | |
| Drinking Fountain | \$11.23 | | |
| Floor Drain | \$11.23 | | |
| Hose Bib | \$11.23 | | |
| Kitchen Sink | \$11.23 | | |
| Kitchen Sink 3 Compartment | \$11.23 | | |
| Laundry Tray | \$11.23 | | |
| Lavatory (Basin) | \$11.23 | | |
| Miscellaneous | \$11.23 | | |

| ITEM | FEE | QTY. | AMOUNT |
|---------------------------------|---------|------|--------|
| Mop Sink | \$11.23 | | |
| Pretreatment Interceptor | \$19.07 | | |
| Repair/Alt. Drain/Vent Piping | \$11.23 | | |
| Roof Drain | \$11.23 | | |
| Sewage Pump | \$11.23 | | |
| Sewer Repair | \$21.53 | | |
| Shower | \$11.23 | | |
| Side Sewer | \$21.53 | | |
| Sink | \$11.23 | | |
| Supplemental Permits | \$16.01 | | |
| Urinal | \$11.23 | | |
| Water Closet – Tank Type | \$11.23 | | |
| Water Closet – Flushometer Type | \$11.23 | | |
| Water Heater | \$11.23 | | |
| Water Piping/Service | \$11.23 | | |
| Sampling Port | \$11.23 | | |

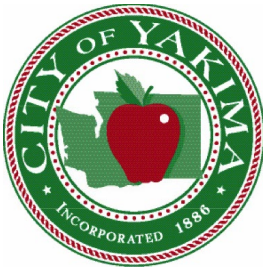
TOTAL _____

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Signature

Print Name

Date



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MECHANICAL PERMIT APPLICATION

Permit# _____

Job Address: _____

Parcel Number: _____

Project Description: _____

Property Owner

Name: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Phone: _____

Alt. Phone: _____

Contractor

Business Name: _____

Address: _____

City/State/Zip: _____

E-mail: _____

State Cont. Lic. #: _____ **exp.** _____

Phone: _____

| ITEM | FEE | QTY. | AMOUNT |
|---|----------|----------|----------------|
| Base Fee | \$23.86 | 1 | \$23.86 |
| A/C Unit | \$10.36 | | |
| AH <10,000 CFM | \$13.54 | | |
| AH >10,000 CFM | \$18.41 | | |
| Commercial Incinerator | \$104.37 | | |
| Domestic Incinerator | \$25.85 | | |
| Dryer Vent | \$10.36 | | |
| Electric, Baseboard, or Suspended Heaters | \$17.51 | | |
| Evaporative Cooler | \$13.54 | | |
| Furn/Htr <100,000 BTU | \$17.51 | | |
| Furn/Htr >100,000 BTU | \$20.69 | | |
| Gas Boiler <100,000 BTU | \$17.58 | | |
| Gas Boiler >100,001 <500,000 BTU | \$29.38 | | |
| Gas Boiler >500,001 <1,000,000 BTU | \$39.00 | | |
| Gas Boiler >1,000,001 <1,750,000 BTU | \$53.18 | | |
| Gas Boiler >1,750,001 BTU | \$89.02 | | |
| Gas Fireplace/Log/Heat Stove | \$17.51 | | |
| Gas Grill | \$10.36 | | |
| Gas Piping 1-4 outlets | \$8.04 | | |

| ITEM | FEE | QTY. | AMOUNT |
|---|---------|------|--------|
| Gas Piping 5+ each addn'l | \$3.20 | | |
| Gas Range | \$10.36 | | |
| Haz Piping 1-4 outlets | \$3.20 | | |
| Haz Piping 5+ outlets, each | \$1.70 | | |
| Heat Pump | \$10.36 | | |
| Kitchen Exhaust Fan | \$10.36 | | |
| LP Tank/Residential <125 gal | \$10.36 | | |
| Miscellaneous | \$10.36 | | |
| Non Haz Piping 1-4 outlets | \$3.20 | | |
| Non Haz Piping 5+ outlets, each | \$0.82 | | |
| Pellet Stove | \$37.06 | | |
| Repair/Alt./Addn. to a listed appliance | \$19.45 | | |
| Residential Tank Aband. | \$23.86 | | |
| Supplemental Permit Fee | \$7.29 | | |
| Type I/II Commercial Hood | \$17.51 | | |
| Vent Fan (laundry, bath) | \$10.36 | | |
| Vent Systems | \$10.36 | | |
| Wood Stove | \$37.06 | | |
| TOTAL | | | |

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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