

Code Administration Division 129 North Second Street, 2nd Floor Yakima, Washington 98901 Phone (509) 575-6126 • Fax (509) 576-6576 Email: codes@yakimawa.gov

NEW SINGLE-FAMILY RESIDENCE -ORDUPLEX APPLICATION PACKET



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Residential Plan Review Checklist

1)	Completed Building, Plumbing and Mechanical Permit Applications forms (as applicable)
2)	Two Copies of Each:
	\square Site plan (as outlined in the City of Yakima Site Plan Checklist)
	☐ Foundation Plan
	☐ Floor construction layout plan w/associated engineering required, if using a manufactured floor system
	☐ Floor plan (for each floor)
	☐ Roof/Ceiling construction plan
	☐ Roof Truss Layout and associated engineering (required, if using manufactured roof trusses)
	☐ Typical Cross Section through structure from roof through foundation
	\square Stair and Rail Detail (tread depth and riser height)
	☐ Completed Energy Forms

<u>Minimally</u>, the applicable Building Plan Review Fee must be paid prior to our office commencing plan review of the construction drawings. For questions regarding construction plan submittal and/or building code question, please contact the Office of Code Administration, 509-575-6126 or codes@yakimawa.gov.

For questions relating to site development and/or zoning requirements, please contact City Planning at 509-575-6183 or ask.planning@yakimawa.gov.



Building Permit Application

Signature

Building Perr	nit Application		Building	Permit #
Site Address:		Parcel #s:		
Primary Contact Name	:	Phone#:	Email_	
Construction Type(s):IBC/IRC Occ		Occupancy Classification_	-	Cost of Construction: s not included, cost of materials will be doubled)
Change of building occu	pancy classification?	No New land use desi	gnation or change of land use de	signation proposed? ☐ Yes ☐ No
Will 1 acre or more be	cleared or graded?	No Will this project cr	eate an Accessory Dwelling Unit	per YMC 15.09.045? ☐ Yes ☐ No
	thin the flood area? 🗆 Yes 🗅			Zoning District:
Description of Wor	k (if lengthy, please attach or	n a separate document)		
Building Information	on			
☐ Single-Family New	☐ Single-Family Alteration	☐ Single-Family Add	lition	
☐ Multifamily New	☐ Multifamily Alteration	☐ Multifamily Addit	tion	
☐ Commercial New	☐ Commercial Addition	☐ New Commercial	Tenant	r Existing Commercial Tenant
Square Footages of I				
1 st Floor			Basement	
Garage	_			Attic, ladder-access
# of stories	# of bathrooms	_ # of bedrooms	# of units (residential)	# of tenants (commercial)
Fire Sprinkler?: Tyes	☐ No City Water?:	☐ Existing ☐ New	City Sewer?: Existing] New
Fire Alarm?: ☐ Yes	□ No Well?: I	☐ Existing ☐ New	Septic System?: Existing] New
Contact Information	n			
Applicant Name:		Applicant A	Address:	
				. Phone:
Phone #:	Email:		Contractor Li	cense #:
— — — — — — — — Registered Design Pro. Na	me:	Design Pro	o Address:	
Phone #:	Email:		License #:_	
			l in responsible charge of this proj	
				one:
•	□ N/A □ Not Provided □ T			
		Pnone #:	Address:	
Declaration I hereby certify that (ple	ease select one):			
	or SPECIALTY CONTRACTOR	currently registered and prop	erly licensed as defined under RCV	V 18.27.010 and 18.27.110 and am legally qualified
	AGENT of the property owner a and 18.27.110 and is legally qual			ensed contractor or specialty contractor as defined
				visions and conditions of the exemption as stated. I the work to be performed under the permit applied
I hereby certify under pe contained herein is true a		the granting of a permit doe	es not authorize me in any way to	this application and know that the information violate or cancel any of the provisions of state,

Print Name

Date



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The state of the s	PLUMBI	NG PERM	IT APPLICATION Permit	t#	
Job Address:		Parcel N	umber:		
Project Description:					
Estimated cost of the work to be pe	erformed (ma	terials and la	bor): \$		
(If cost of labor is not included, cost	of materials w	vill be doubled)		
Property C)wner		Contrac	tor	
Name:			Business Name:		
Address:			Address:		
City/State/Zip:			City/State/Zip:		
E-mail:			E-mail:		
Phone:			State Cont. Lic. #:		
Alt. Phone:			Phone:		
ITEM	EXISTING QUANTITY	NEW QUANTITY	ITEM	EXISTING QUANTITY	NEW QUANTITY
Atmospheric Breaker			Mop Sink		
Backflow Device (RPBA or DCVA) <2"			Pretreatment Interceptor		
Backflow Device (RPBA or DCVA) >2"			Repair/Alt. Drain/Vent Piping		
Bar Sink			Roof Drain		
Bathtub			Sewage Pump		
Clothes Washer			Sewer Repair/Replacement		
Dishwasher			Shower		
Drinking Fountain			Sink		
Floor Drain			Supplemental Permits		
Hose Bib			Urinal		
Kitchen Sink			Water Closet – Tank Type		
Kitchen Sink 3 Compartment			Water Closet – Flushometer Type		
Laundry Tray			Water Heater		
Lavatory (Basin)			Water Piping/Service		
Miscellaneous:			Sampling Port		
am legally qualified to perform the work s I am an AUTHORIZED AGENT of the properties of the properti	cought by this per property owner a 010 and 18.27.1 if the Contractor own work or use oplied for herein of the Laws of I correct. I under	ermit. and all work will 10 and is legally Registration lave all registered a f the State of Westand that the general was a line of the state of westand that the general and a line of the stand that the general and the stand that the second and the secon	be done by the property owner or a proper qualified to perform the work sought by this vs, per RCW 18.27.090, and will abide by a and licensed contractors and/or specialized (ashington that I have read and examined the property of a permit does not authorize me in on or performance of construction sought under the construction of the constructi	ly licensed contract permit. Il provisions and contractors in contractors in contractors in and and any way to violation and any way to violation.	onditions of the nection with the
Signature			Print Name	Dat	e



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MECHANICAL PERMIT APPLICATION

Permit#

Job Add	lress:		Parcel Number:	
Project	Description:			
Estimat	ed cost of the work to be performed (materi	als and la	bor): \$	
(If cost o	of labor is not included, cost of materials will	be double	d)	
	Property Owner		Contract	or
Name:			Business Name:	
	ss:		Address:	
	tate/Zip:		City/State/Zip:	
-	:		E-mail:	
			State Cont. Lic. #:	
	none:		Phone:	
	ITEM	QTY.	ITEM	QTY.
	A/C Unit	-	Haz Piping outlets	
	Air Handler – CFM:		Heat Pump	
	Commercial Incinerator		Kitchen Exhaust Fan	
	Domestic Incinerator		LP Tank/Residential <125 gal	
	Dryer Vent		Miscellaneous:	
	Electric, Baseboard, or Suspended Heaters		Non Haz Piping outlets	
	Evaporative Cooler		Pellet Stove	
	Furnace/Heater – BTUs:		Repair/Alt./Addn. to a listed appliance:	
	Gas Boiler – BTUs:		Type I/II Commercial Hood	
	Gas Fireplace/Log/Heat Stove		Vent Fan (laundry, bath)	
	Gas Grill		Vent Systems	
	Gas Piping outlets		Wood Stove	
	Gas Range			
□ I am a (ion ertify that (please select one): CONTRACTOR or SPECIALTY CONTRACTOR curily qualified to perform the work sought by this permi		ered and properly licensed as defined under RC	W 18.27.010 and 18.27.110 and
□ I am an	AUTHORIZED AGENT of the property owner and or as defined under RCW 18.27.010 and 18.27.110 and	l all work w		
exemption	(EMPT from the requirements of the Contractor Report as stated. I will do all of my own work or use all reprinted under the permit applied for herein.			
informat	r certify under penalty of perjury of the Laws of the tion contained herein is true and correct. I understal risions of state, federal or local laws regulating the o	nd that the o	granting of a permit does not authorize me in an	y way to violate or cancel any c
	 Signature		Print Name	 Date



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NEW DOMESTIC WATER AND/OR NEW SEWER CONNECTION PERMIT APPLICATION AND COST REQUEST

	Pe	rmit #s: W	WW
			□ Cost Request Only
Job Address:	Parcel Nur	nber:	
Project Description:			
Estimated cost of labor and mate	erials for the installation: Water \$		
to the structure. If the we	your contractor to do the actual work of ork will be performed by the property of wo. This amount is separate and distinct	wner, the estimated cos	t you provide will be the cost of
• •			
Name:	Add	ross:	
Address:City/State/Zip:			
E-mail:			
Phone:			exp
Alt. Phone:			
	Water Conne	<mark>ction:</mark>	
Quantity of Meters Requesting: _	List types and quantitie	es of all fixtures to be se	erved by each meter:
Irrigation water: Private Irrigation	ation District	Well	ty Water to Irrigate
	Sewer Connec	tion:	
What will the sewer serve (e.g., a	partments, duplex, single family reside		
	☐ No If yes, what type of cooking? _		
	Number of Seats:		
 If work will be performed in through the City's Enginee https://www.yakimawa.gov Prior to any excavation a urie If the sewer main must be to 	s are paid the Water Division will schedule in City right-of-way an Excavation Permit wring Dept. You can contact them at 509-57: //services/engineering/ for further information tility locate must take place. Dial 811 or visuapped in order to install a sewer stub a specifice regarding this license, if applicable.	vill be required. Excavation 5-6111 or refer to soon. Sit www.call811.com for finite in the state of the sound of the state of the	n Permits are administered urther information.
Declaration I hereby certify that (<mark>please select or</mark>	 1.		
	 LTY CONTRACTOR currently registered and	I properly licensed as defin	ed under RCW 18.27.010 and 18.27.110 and
	the property owner and all work will be do 8.27.010 and 18.27.110 and is legally qualifi		or a properly licensed contractor or specialty ght by this permit.
	my own work or use all registered and license		abide by all provisions and conditions of the alized contractors in connection with the work
information contained herein is true		of a permit does not author	examined this application and know that the rize me in any way to violate or cancel any of cought under this permit.
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 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

Design Criteria

Current Codes*:

- 2021 Washington State Building Code
- 2021 Washington State Residential Code
- 2021 Washington State Existing Building Code
- 2021 Washington State Fire Code
- 2021 Washington State Mechanical Code
- 2021 Washington State Fuel Gas Code
- 2021 Uniform Plumbing Code
- 2021 Washington State Commercial Energy Code
- 2021 Washington State Residential Energy Code
- 2021 Washington State Pool and Spa Code
- Accessible & Usable Buildings & Facilities ICC A117.1-2017

Wind Speed=

Residential=110 mph (or, 85 mph for ASD)

Commercial=Reference ASCE 7-16 and IBC Chapter 16, usually 110 mph for category II

Earthquake Zone =

Residential (IRC Structures) = C

Commercial = D

Exception: If your plan is for a building or buildings in risk categories I, II, or III (2018 IBC Table 1604.5) *and* is of light frame construction per IBC chapter 23, the design may be according to Earthquake Zone C.

Frost Depth = 24" below grade

Ground Snow Load = 19 psf

Roof Snow Load = 20 psf for elevations 1,166 ft or under; 25 psf for elevations about 1,166 ft

Weathering = Severe

Termite Damage = Slight to Moderate

Winter Design Temperature = 11 deg.

Ice Barrier Underlayment Required = Yes

Flood Hazards = View current Flood Insurance Rate Map: https://msc.fema.gov/portal/home

Air Freezing Index = 1011

Mean Annual Temperature = 49.7 deg.

Electrical permits are applied for/issued by Washington State Labor & Industries: 509-454-3760.

^{*}In addition, see the Yakima Municipal Code for any amendments to the codes listed above



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ALLOWABLE CLEAR SPAN FOR CONSTRUCTION GRADE LUMBER

Member	Spacing	2x4	2x6	2x8	2x10	2x12
Floor joists without	12"	N/A	10' 9"	14' 2"	17' 9"	20' 7"
ceiling below	16"	N/A	9' 9"	12' 7"	15' 5"	17' 10"
	19.2"	N/A	9' 1"	11' 6"	14' 1"	16' 3"
	24"	N/A	8' 1"	10' 3"	12' 7"	14' 7"

Member	Spacing	2x4	2x6	2x8	2x10	2x12
Floor joists with	12"	N/A	10' 6"	13' 3"	16' 3"	18' 10"
ceiling below	16"	N/A	9' 1"	11' 6"	14' 1"	16' 6"
	19.2"	N/A	8' 3"	10' 6"	12' 10"	14' 10"
	24"	N/A	7' 5"	9' 5"	11' 6"	13' 4"

Member	Spacing	2x4	2x6	2x8	2x10	2x12
Ceiling joists with	12"	12' 5"	19' 6"	25' 8"	26+	N/A
plaster or sheetrock, with no storage	16"	11' 3"	17' 8"	23'	26+	N/A
	19.2"	10' 7"	16' 7"	21'	25' 8"	N/A
	24"	9' 10"	14' 10"	18' 9"	22' 11"	N/A

Member	Spacing	2x4	2x6	2x8	2x10	2x12
Roof rafters	12"	7' 1"	10' 5"	13' 2"	16' 1"	18' 8"
without finished ceiling	16"	6' 2"	9'	11'	13' 11"	16' 2"
	19.2"	5' 7"	8' 3"	10' 5"	12' 9"	14' 9"
	24"	5' 0"	7' 4"	9' 4"	11' 5"	13' 2"

Member	Spacing	2x4	2x6	2x8	2x10	2x12
Roof rafters with	12"	7' 1"	10' 5"	13' 2"	16' 1"	18' 8"
drywall ceiling	16"	6' 2"	9'	11' 5"	13' 11"	16' 2"
	19.2"	5' 7"	8' 3"	10' 5"	12' 9"	14' 9"
	24"	5'	7' 4"	9' 4"	11'5"	13' 2"

The above dimensions are figured using #2 and better Douglas Fir only. If any other type or grade lumber is used, contact the Office of Code Administration at 509-575-6126 for the allowable span.

5/15/2013

SHEATHING _____° 0.C. _ SHINGLES _ SHEATHING ____STUDS @ __ _° O.C. BATT INSULATION 6 MIL. MOISTURE BARRIER (APPLIED TO WARM SIDE) ___ GWB WALLS SLL PLATE -1/2" X 10" ANOLOR BOLT @ 6' - 0" O.C. W/ 1 WITHIN 12" OF SUB FLOO. ENDS OF EACH PLATE -* FLOOR JOIST @ __ BATT INSULATION FLOORING (CARPET, YINYL, TILE, ETC.) FN. FLOOR BLOCKING GIRDER FIN, ORACE GUSSET (EACH SIDE) PÓSTS PIER PADS WALL SECTION 6 ML. POLYETHYLENE MOISTLEE BARRIER (BLACK)



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;
\square Name of applicant, phone number, signature of property owner and project name;
\Box Actual dimensions and shape of the lot to be built upon;
\square Sizes and location of existing structures on the lot to the nearest foot;
\Box Location and dimensions of proposed structures and uses;
☐ All structure setbacks (<u>YMC § 15.05.030</u>);
\square Lot coverage calculations (<u>YMC § 15.05.020(C)</u>);
\Box Clearview triangle (<u>YMC § 15.05.040</u>);
\square 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;
\square Distance(s) of structures to property line and to the centerline of the Right-of-Way (YMC §15.05.030, Table 5-1);
\Box 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 sitescreening (YMC Ch. 15.06);
☐ Location and size of new or existing loading spaces (<u>YMC § 15.06.130</u>);
☐ 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:
\square Size and location of floodplain and floodway on the lot;
\square Elevation in relation to the one-hundred-year flood level of the lowest floor (including basement) of all structures;
\square 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 <u>YMC Ch. 15.27</u> 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.

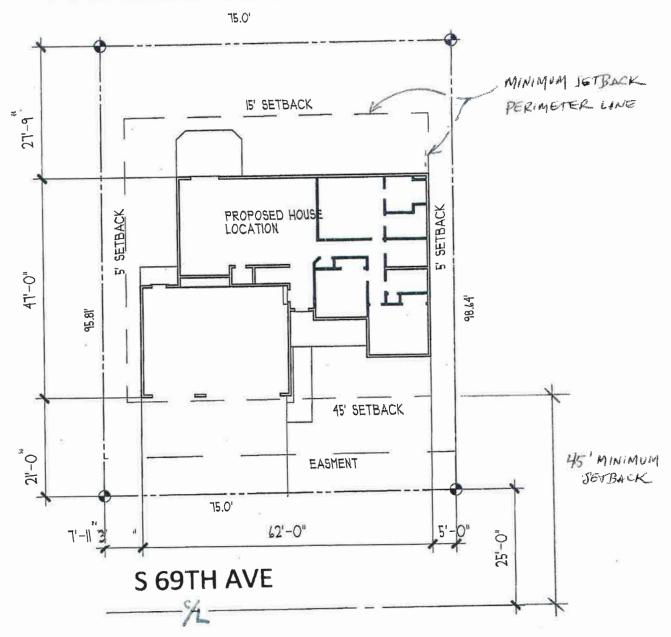


REQUIRED ATTACHMENT:

SITE PLAN

Note: Producing the site plan from this template is preferred, however, the template can be substituted for your own medium. (computer aided is acceptable.)

SAMPLE SITE PLAN NEW SINGLE FAMILY RESIDENCE



SAMPLE USE ONLY

		No.
LOT COVERAGE CALCULATION a) Footprint(s) of Existing Structure(s) b) Building Addition/New Structure(s) Footprint(s) c) Paved Area(s) (Driveways, Walkways, patios, etc.) Total d) Proposed Paved Area(s) e) Total Impervious Surface (a+b+c+d = e) f) Lot Size g) Lot Coverage (e/f x 100 = g) MAP SCALE (Please use the given scale, however, in some circumstances a different scale may work better.) MORTH ARROW NORTH ARROW	560 SQ FT 560 SQ FT 560 SQ FT 725 SQ FT 725 SQ FT 726 %	PARKING CALCULATION (Reference Table 6-1 of the Urban Area Zoning Ordinance a) space(s) required b) space(s) provided LOT INFORMATION
Preferred Scale: 1 inch on the map = 20 feet on the ground Custom Scale: 1 inch = 20 * Template tie marks are 1 inch apart Produced by (print) John Doe Date: 9-1-10	(Indicate North)	BACKGROUND INFROMATION Applicant Name Site Address Mailing Address Contact Person Applicant Signature BACKGROUND INFROMATION John Doe Site Address Applicant Name Site Address Applicant Signature Applicant Signature