

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

RESIDENTIAL ALTERATION - OR ADDITION 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:
	☐ Site plan (as outlined in the General 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
	☐ Stair and Rail Detail (tread depth and riser height)
	☐ Completed Energy Forms
	Minimally, the applicable Building Plan Review Fee must be paid prior to our

<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 #_

Building Permit Application

Site Address:		Parcel #s:		
Primary Contact Name	::	Phone#:	Email	
Construction Type(s):_	IBC/IRC	Occupancy Classification_	Estimated (Cost of Construction:
	pancy classification? Yes			gnation proposed? ☐ Yes ☐ No
	cleared or graded? \square Yes \square thin the flood area? \square Yes \square	• •	, , ,	er YMC 15.09.045?
is this property wi	thin the nood area? Tes	NO	will temporary construction i	Zoning District:
Description of Wor	$m{k}$ (if lengthy, please attach on	n a separate document)		
Building Informati	on			
Single-Family New	Single-Family Alteration	Single-Family Addit	tion	
☐ Multifamily New	☐ Multifamily Alteration	☐ Multifamily Addition		
☐ Commercial New	☐ Commercial Addition	☐ New Commercial 1	Tenant \square Renovation for	Existing Commercial Tenant
Square Footages of				
1 st Floor		3 rd Floor		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?: I	☐ Existing ☐ New	Septic System?: ☐ Existing ☐	New
Contact Informatio	n			
Applicant Name:		Applicant Ac	ddress:	
				Phone:
			Contractor Lic	ense #:
	— — — — — — — — — — — — — — — — — — —		Address:	
Phone #:	Email:		License #:	
			in responsible charge of this proje	
	Email:			one:
Lending Info Provided?	□ N/A □ Not Provided □ T	To be provided at a later dat	te Address:	
Lending institution		PHOHE #		
Declaration I hereby certify that (<mark>pl</mark> e	pasa salact ana):			
, ,		currently registered and prope	rly licensed as defined under RCW	18.27.010 and 18.27.110 and am legally qualified
to perform the work sou		ourionaly regional and propor	ny noonood do donnou dhaor 11011	To.E.T. o To and To.E.T. To and an Togany quanto
	AGENT of the property owner a and 18.27.110 and is legally qual			nsed contractor or specialty contractor as defined
☐ I am EXEMPT from the will do all of my own wo	requirements of the Contractor I	Registration laws, per RCW 18	3.27.090, and will abide by all provi	sions and conditions of the exemption as stated. the work to be performed under the permit applied
for herein. I hereby certify under pe	enalty of perjury of the Laws o	of the State of Washington	that I have read and examined t	his application and know that the information
contained herein is true		the granting of a permit does	s not authorize me in any way to	violate or cancel any of the provisions of state
Signature		Print Name		Date
oigiiatui c		FILL HAILE		Date



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PLUMBING PERMIT APPLICATION Permit# Job Address:Parcel Number:						
Project Description:						
Estimated cost of the work to be pe	rformed (ma	terials and la	bor): \$			
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		ITEM	EXISTING	NEW OHANTETY	
Atmospheric Breaker	QUANTITY	QUANTITY	Mop Sink	QUANTITY	QUANTITY	
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			
Dishwasher			Shower			
Drinking Fountain			Side Sewer			
Floor Drain			Sink			
Hose Bib			Supplemental Permits			
Kitchen Sink			Urinal			
Kitchen Sink 3 Compartment			Water Closet – Tank Type			
Laundry Tray			Water Closet – Flushometer Type			
Lavatory (Basin)			Water Heater			
Miscellaneous:			Water Piping/Service			
			Sampling Port			
Doolessesties o			oumpring rote			
Declaration hereby certify that (<u>please select one</u>):						
			red and properly licensed as defined under R	CW 18.27.010 and	I 18.27.110 and	
☐ I am an AUTHORIZED AGENT of the p	roperty owner	and all work will	be done by the property owner or a properly		ctor or specialty	
			qualified to perform the work sought by this	•		
	wn work or use	e all registered a	vs, per RCW 18.27.090, and will abide by al and licensed contractors and/or specialized o			
information contained herein is true and	correct. I unde	rstand that the g	ashington that I have read and examined the granting of a permit does not authorize me in on or performance of construction sought un	any way to violat		
Signature			Print Name	Dat	e	



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

Joh Addre	MECHANICAL PE	CRMIT APPLICATION Permit#	
Project De	scription:		
Estimated	cost of the work to be performed (materials ar	nd labor): \$	
	Property Owner	Contrac	ctor
Name:		Business Name:	· · · · · · · · · · · · · · · · · · ·
Address:		Address:	· · · · · · · · · · · · · · · · · · ·
City/State	re/ Z ip:	City/State/Zip:	
E-mail:_		E-mail:	
Alt. Phon	ne:	Phone:	
	ITEM QTY	Y. 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 CON am legally of I am an Al contractor a I am EXEN exemption a to be perfor I hereby ce information	ify that (please select one): NTRACTOR or SPECIALTY CONTRACTOR currently requalified to perform the work sought by this permit. UTHORIZED AGENT of the property owner and all wo as defined under RCW 18.27.010 and 18.27.110 and is I MPT from the requirements of the Contractor Registration as stated. I will do all of my own work or use all registers are stated. I will do all of my own work or use all registers are the contained peralty of perjury of the Laws of the State in contained herein is true and correct. I understand that one of state, federal or local laws regulating the construction.	ork will be done by the property owner or a prope legally qualified to perform the work sought by this plant in laws, per RCW 18.27.090, and will abide by a sed and licensed contractors and/or specialized content of the granting of a permit does not authorize me in	rly licensed contractor or specialty permit. all provisions and conditions of the ractors in connection with the work this application and know that the any way to violate or cancel any of
	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

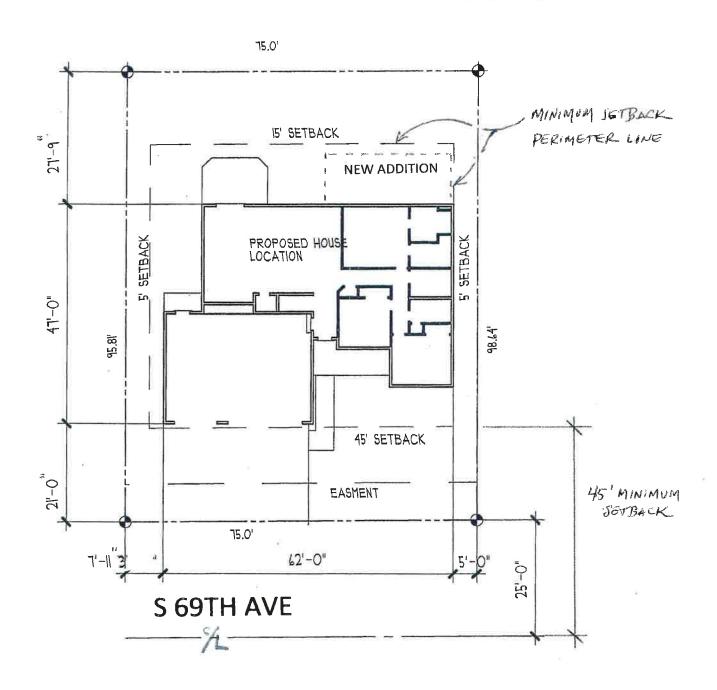


REQUIRED ATTACHMENT:

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 RESIDENTIAL ADDITION



SAMPLE USE ONLY

			1	1	I
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)	/8/0 SQFT 240 SQFT 700 SQFT SQFT SQFT	a) 3 space(s) required space(s) provided		l of the Urban Area Zon	ning Ordinance)
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.) CHECK ONE	SQ FT 7425 SQ FT 36 % NORTH ARROW	LOT INFORMATION Parcel #(s)/9/6 Site Address/// Zoning Legal Description (brief) NE	018-,11447 W Seets Lot 1 Secti	et St. Ion Bonnie Bli	ue Addn.
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) 2000 Date: 9-1-16	(Indicate North)	BACKGROUND INFROMATA Applicant Name Site Address Mailing Address Contact Person John Contact Applicant Signature	John S	Doe Carina don Contact Phone: 509	98901 WI-XXXX
				500	

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 A117.1-2009

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"

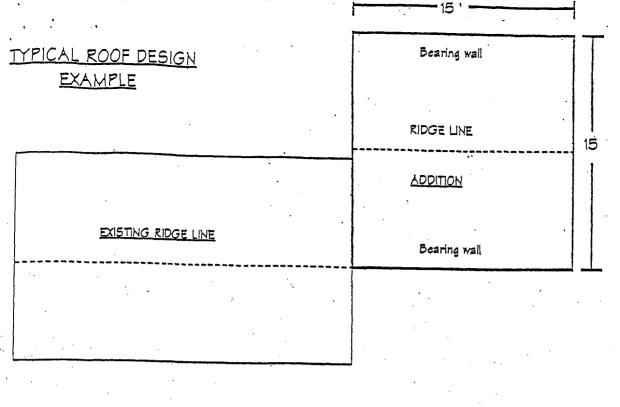
Member	Spacing	2x4	2x6	2x8	2x10	2x12
Ceiling joists with	12"	12' 5"	19' 6"	25' 8"	26+	N/A
plaster or	16"	11' 3"	17' 8"	23'	26+	N/A
sheetrock, with no	19.2"	10' 7"	16' 7"	21'	25' 8"	N/A
storage	24"	9' 10"	14' 10"	18' 9"	22' 11"	N/A

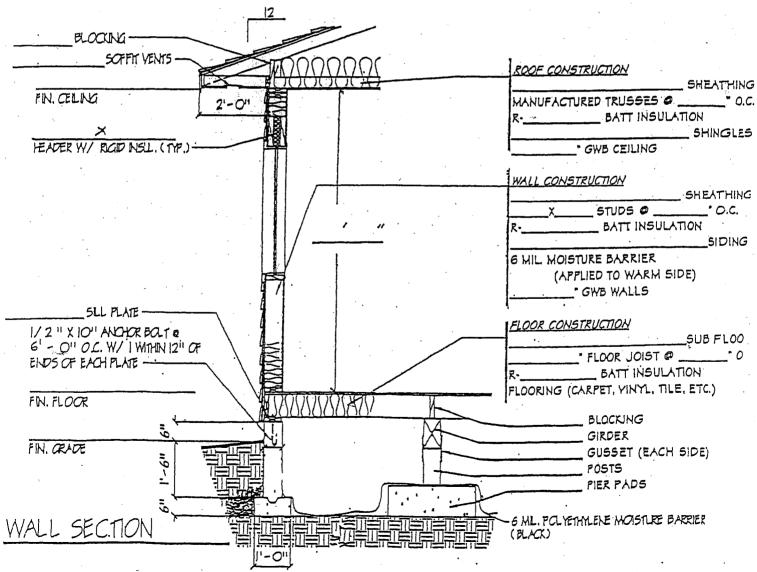
Member	Spacing	2x4	2x6	2x8	2x10	2x12
Roof rafters without finished ceiling	12"	7' 1"	10' 5"	13' 2"	16' 1"	18' 8"
	16"	6' 2"	9'	11'	13' 11"	16' 2"
	19.2"	5' 7"	8' 3"	10' 5"	12' 9"	14' 9"
	24"	5' 0"	7' 4"	9' 4"	11' 5"	13' 2"

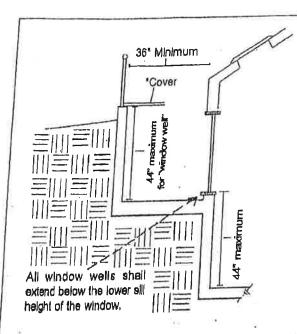
Member	Spacing	2x4	2x6	2x8	2x10	2x12
Roof rafters with	12"	7' 1"	10' 5"	13' 2"	16' 1"	18' 8"
drywall ceiling	16"	6' 2"	9'	11' 5"	13' 11"	16' 2"
	19.2"	5' 7"	8' 3"	10' 5"	12' 9"	14' 9"
	24"	5'	7' 4"	9' 4"	11'5"	13' 2"

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





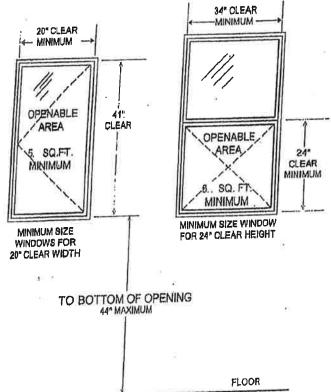


NOTE: HOPPER STYLE WINDOWS WILL NOT BE APPROVED.

44" max. for "window well" *

- 1 If this dimension exceeds 44":
 - An areaway with stairs at one end must be provided for emergency egress.
 - 2. Areaway musi have a guardrall.

*COVER: Bars, grilles, grates, etc. may be installed, provided the devices are equipped with approved release mechanisms, which are openable from the inside without the use of a key or special knowledge or effort ahr. The building is equipped with smoke detectors per IRC

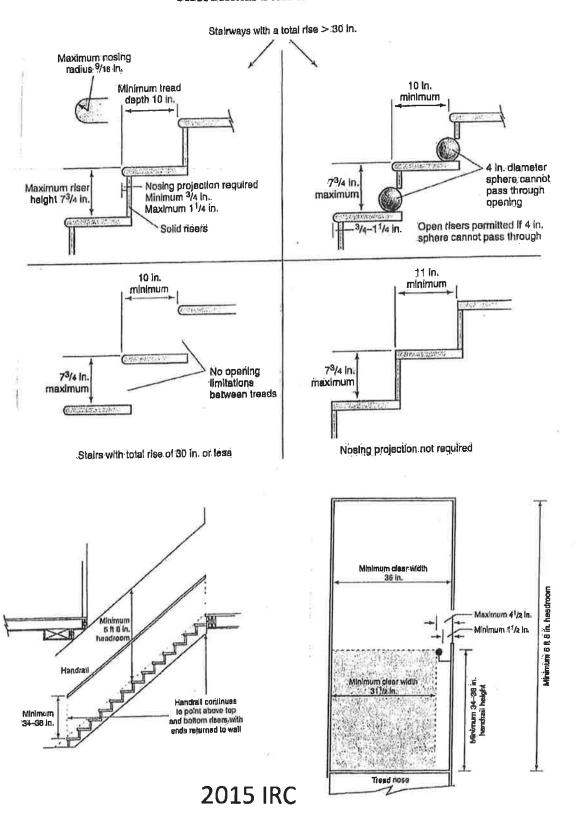


SLEEPING ROOM EGRESS

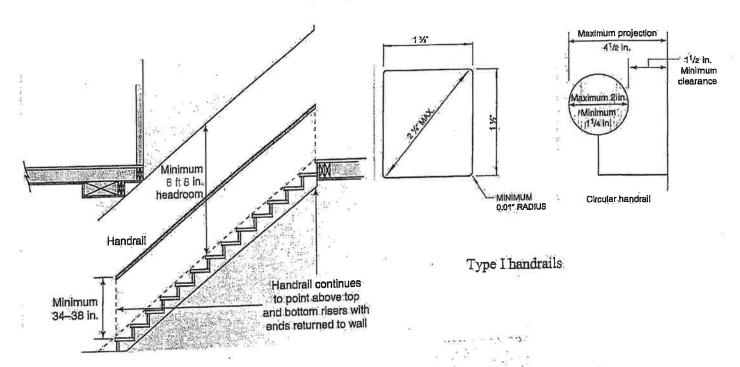
(Ref: IRC 310.1.1, IBC 1025.2)

ILLUSTRATIVE INTERPRETATION BELOW GRADE BEDROOM EDGRESS WINDOW

Residential Stair Illustrations

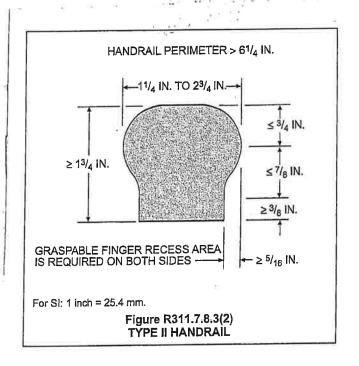


Residential Handrails



General Residential Requirements:

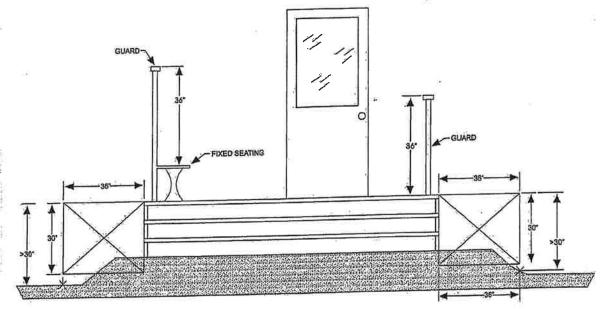
- Handrails required on at least one side of each continuous run of treads or flight with 4 or more risers
- > Handrail height between 34" and 38" measured vertically above tread nosing
- Handrails must be continuous from directly above the top riser to directly above the lowest riser
- Handrails shall terminate in newel posts or safety terminals



Type II handrails

2015 IRC

Residential Guards



For SI: 1 inch = 25.4 mm.

Figure R312.1

DROP OFF AND GUARD HEIGHT REQUIREMENTS

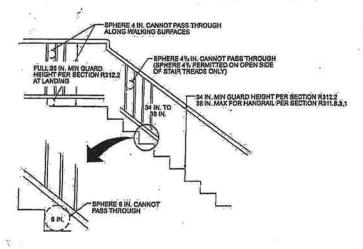


Figure R312.3 GUARD REQUIREMENTS

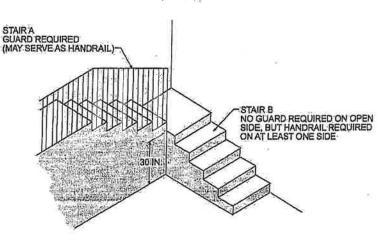


Figure R312.2(1) STAIRWAY GUARD

General Requirements:

- Guards are required along open-sided walking surfaces located more than 30 inches above the floor or grade below, measured at any point within 36 inches horizontally to the edge of the open side
- Guards shall be not less than 36 inches high, unless also serving as a handrail on the open sides of stairs

2015 IRC