



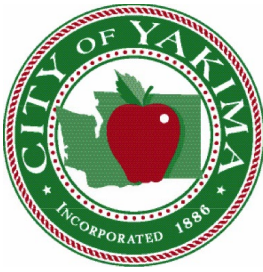
**COMMUNITY DEVELOPMENT DEPARTMENT**

*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)*

**RESIDENTIAL  
ALTERATION  
- OR -  
ADDITION  
APPLICATION  
PACKET**



**COMMUNITY DEVELOPMENT DEPARTMENT**

**Code Administration Division**

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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 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](mailto: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](mailto:ask.planning@yakimawa.gov).**



# Building Permit Application

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

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

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

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

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

Zoning District: \_\_\_\_\_

## 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):** \$ \_\_\_\_\_

**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	<u>EXISTING</u> QUANTITY	<u>NEW</u> QUANTITY
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	<u>EXISTING</u> QUANTITY	<u>NEW</u> QUANTITY
Mop Sink		
Pretreatment Interceptor		
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		

**Declaration**

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- 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.

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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: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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	

**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.
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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.

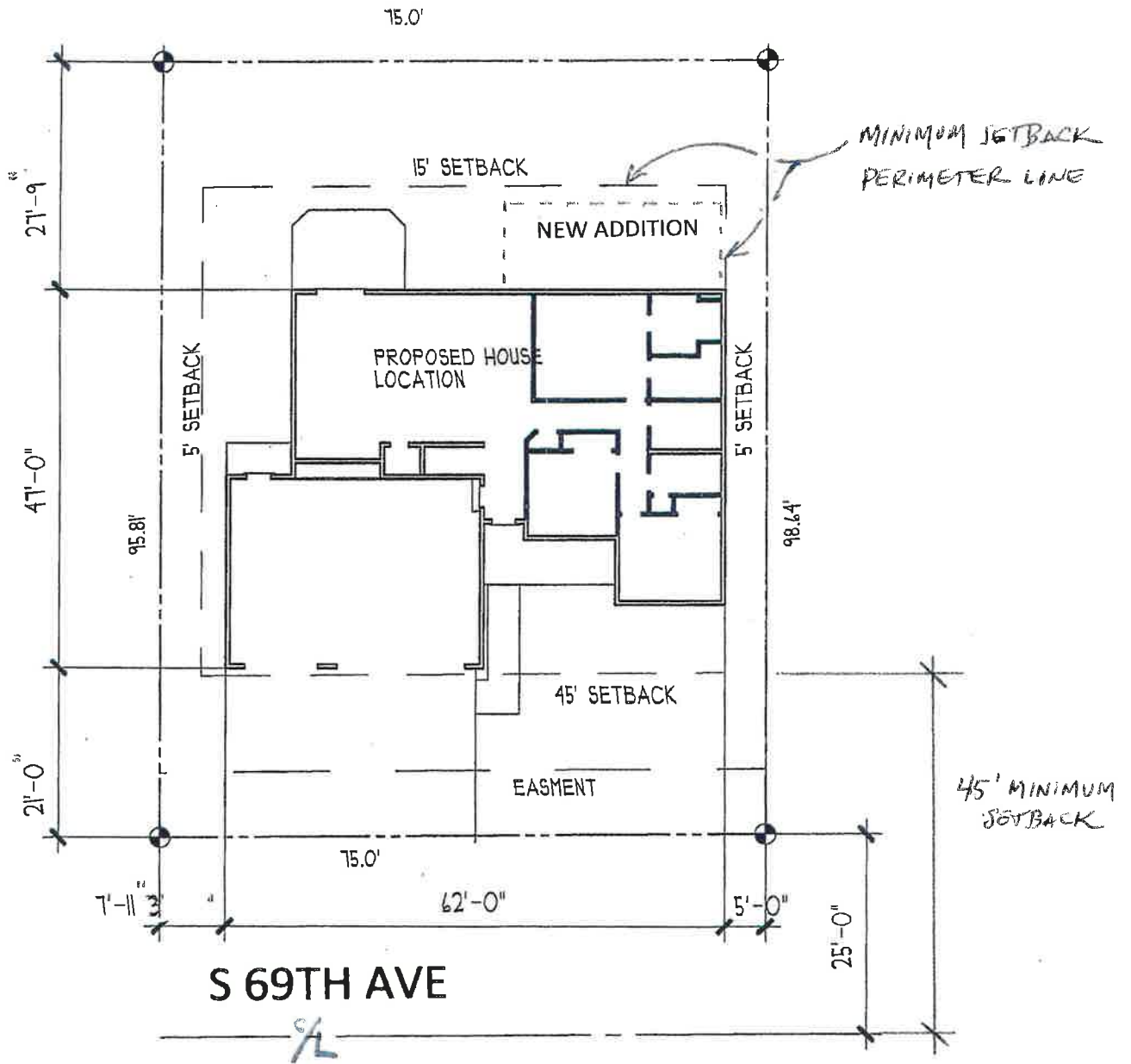
Rev: 7/25/18



# 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

### LOT COVERAGE CALCULATION

a) Footprint(s) of Existing Structure(s)	1860	SQ FT
b) Building Addition/New Structure(s) Footprint(s)	240	SQ FT
c) Paved Area(s) (Driveways, Walkways, patios, etc.) Total	700	SQ FT
d) Proposed Paved Area(s)		SQ FT
e) Total Impervious Surface (a+b+c+d = e)	2800	SQ FT
f) Lot Size	7425	SQ FT
g) Lot Coverage (e/f x 100 = g)	36	%

### PARKING CALCULATION (Reference Table 6-1 of the Urban Area Zoning Ordinance)

a) <u>3</u> space(s) required
b) <u>3</u> space(s) provided

### LOT INFORMATION

Parcel #(s) 191618-11447  
 Site Address 111 W Secret St.  
 Zoning R-1  
 Legal Description (brief) NE Lot 1 section Bonnie Blue Addn.

MAP SCALE (Please use the given scale, however, in some circumstances a different scale may work better.)

#### CHECK ONE

Preferred Scale: 1 inch on the map = 20 feet on the ground

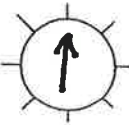
Custom Scale: 1 inch = 20'

\* Template tie marks are 1 inch apart

Produced by (print) John Doe

Date: 9-1-16

NORTH  
ARROW



(Indicate North)

### BACKGROUND INFORMATION

Applicant Name John Doe  
 Site Address 111 W Secret St.  
 Mailing Address PO Box 000 Yakima WA 98901  
 Contact Person John Doe Contact Phone: 509 901-XXXX  
 Applicant Signature John Doe

## **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

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

### **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.***





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**ALLOWABLE CLEAR SPAN FOR  
CONSTRUCTION GRADE LUMBER**

<b>Member</b>	<b>Spacing</b>	<b>2x4</b>	<b>2x6</b>	<b>2x8</b>	<b>2x10</b>	<b>2x12</b>
Floor joists without ceiling below	12"	N/A	10' 9"	14' 2"	17' 9"	20' 7"
	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"

<b>Member</b>	<b>Spacing</b>	<b>2x4</b>	<b>2x6</b>	<b>2x8</b>	<b>2x10</b>	<b>2x12</b>
Floor joists with ceiling below	12"	N/A	10' 6"	13' 3"	16' 3"	18' 10"
	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"

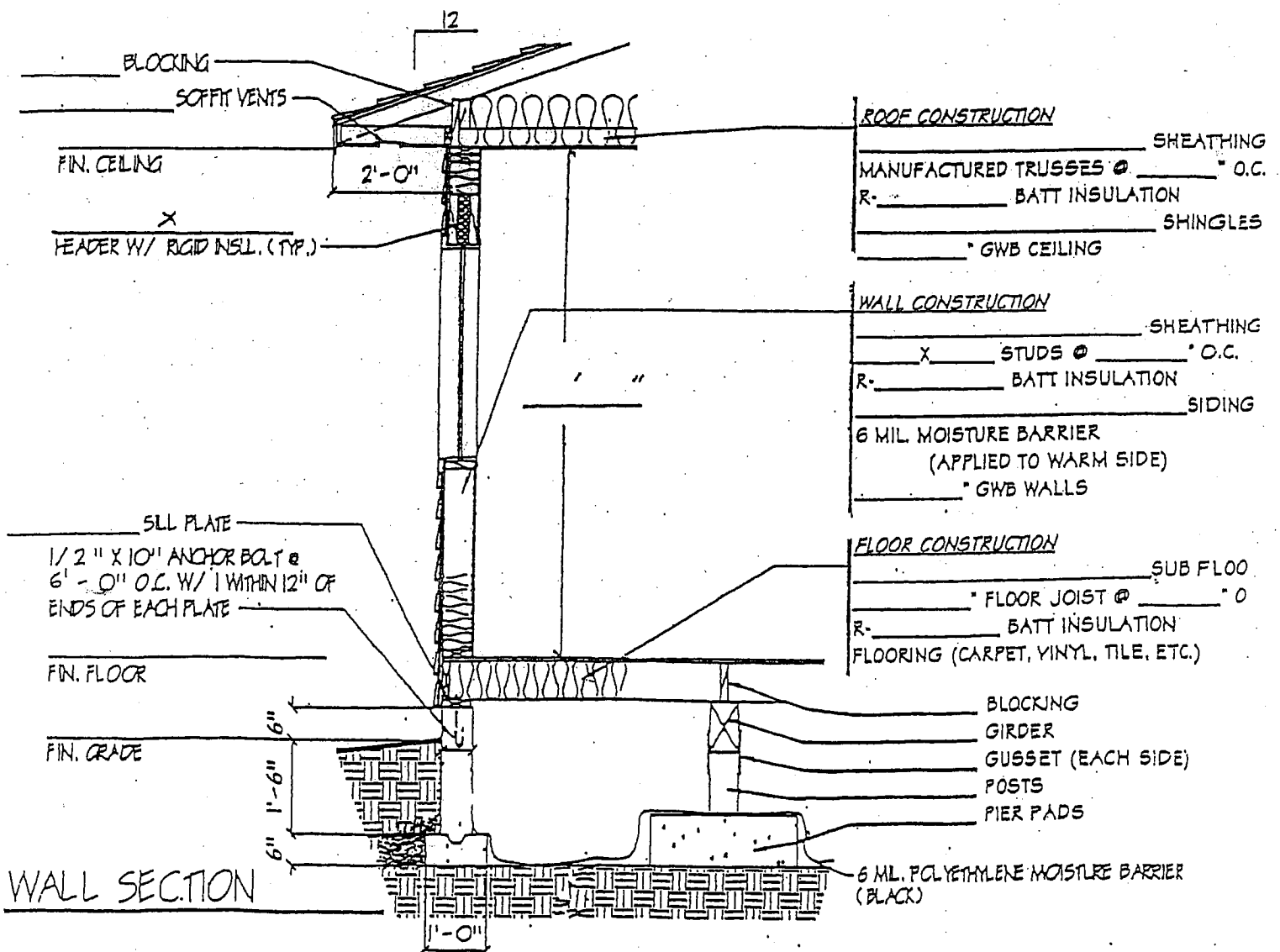
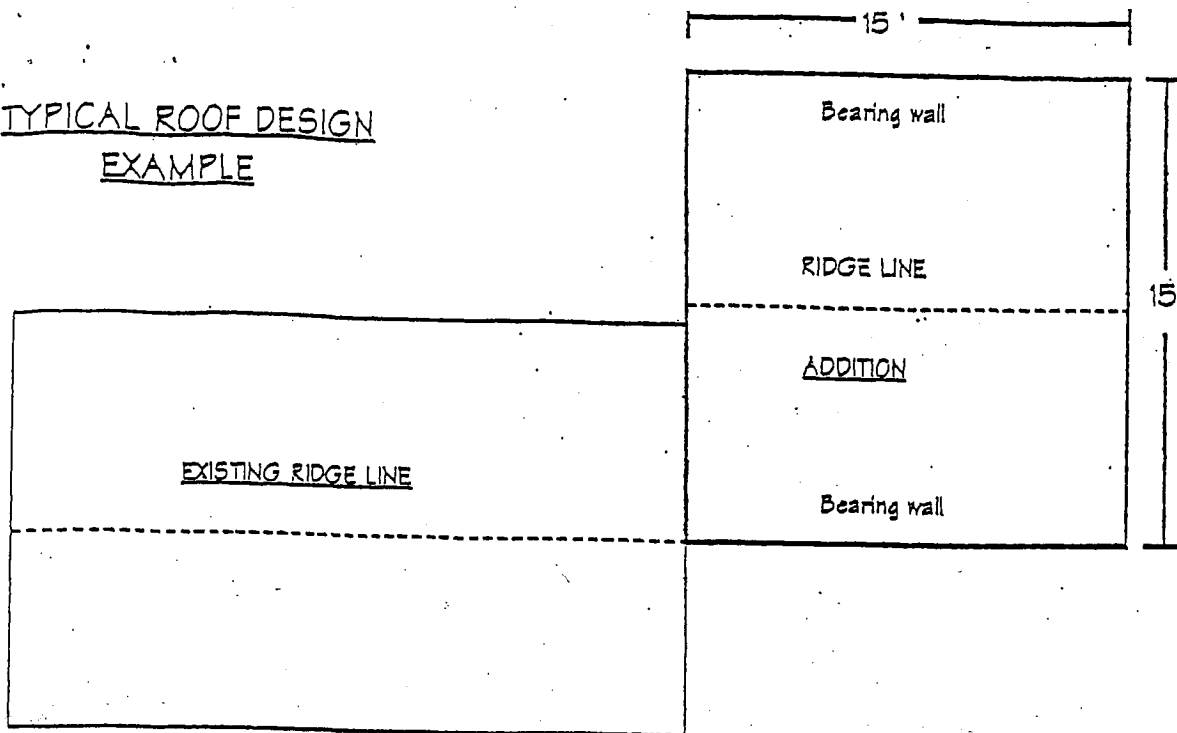
<b>Member</b>	<b>Spacing</b>	<b>2x4</b>	<b>2x6</b>	<b>2x8</b>	<b>2x10</b>	<b>2x12</b>
Ceiling joists with plaster or sheetrock, with no storage	12"	12' 5"	19' 6"	25' 8"	26+	N/A
	16"	11' 3"	17' 8"	23'	26+	N/A
	19.2"	10' 7"	16' 7"	21'	25' 8"	N/A
	24"	9' 10"	14' 10"	18' 9"	22' 11"	N/A

<b>Member</b>	<b>Spacing</b>	<b>2x4</b>	<b>2x6</b>	<b>2x8</b>	<b>2x10</b>	<b>2x12</b>
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"

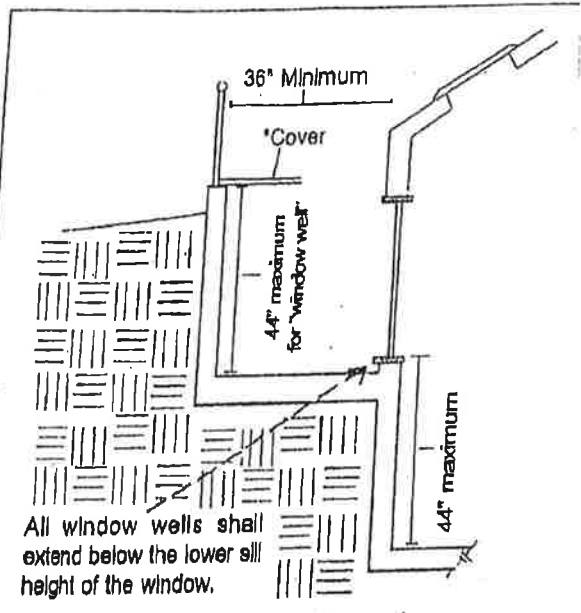
<b>Member</b>	<b>Spacing</b>	<b>2x4</b>	<b>2x6</b>	<b>2x8</b>	<b>2x10</b>	<b>2x12</b>
Roof rafters with drywall ceiling	12"	7' 1"	10' 5"	13' 2"	16' 1"	18' 8"
	16"	6' 2"	9'	11' 5"	13' 11"	16' 2"
	19.2"	5' 7"	8' 3"	10' 5"	12' 9"	14' 9"
	24"	5'	7' 4"	9' 4"	11' 5"	13' 2"

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.

TYPICAL ROOF DESIGN  
EXAMPLE



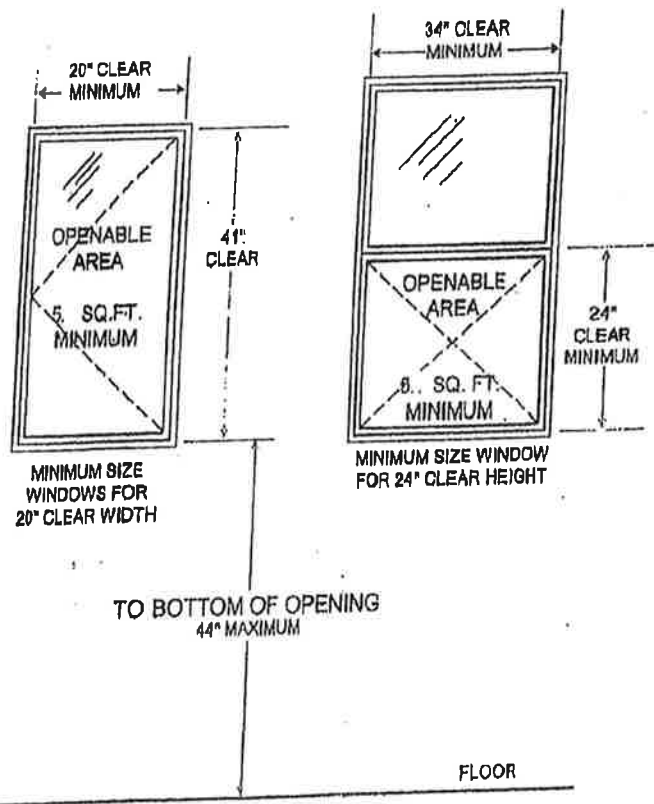
NOTE: HOPPER STYLE  
WINDOWS WILL  
NOT BE APPROVED.



44" max. for "window well" \*

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

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



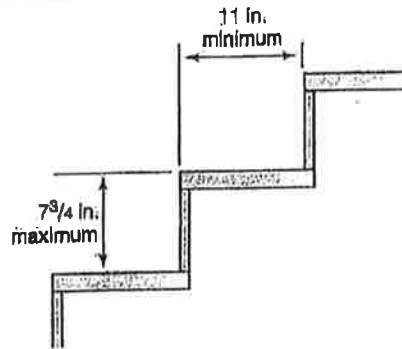
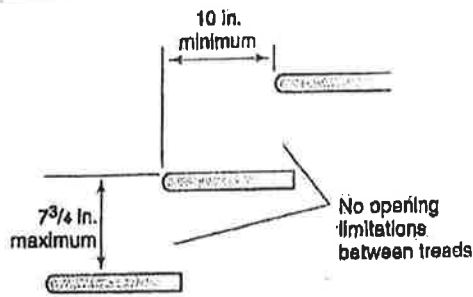
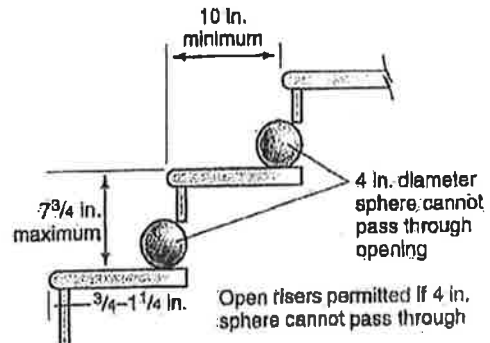
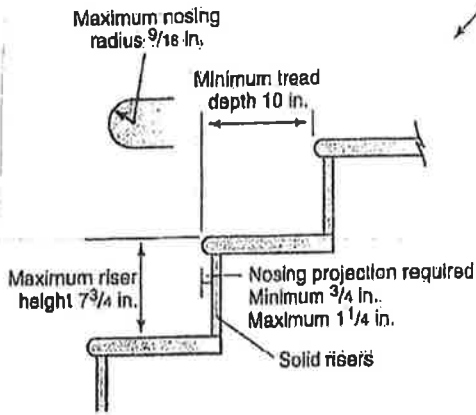
**SLEEPING ROOM EGRESS**

(Ref: IRC 310.1.1, IBC 1025.2)

ILLUSTRATIVE INTERPRETATION  
BELOW GRADE BEDROOM  
EGRESS WINDOW

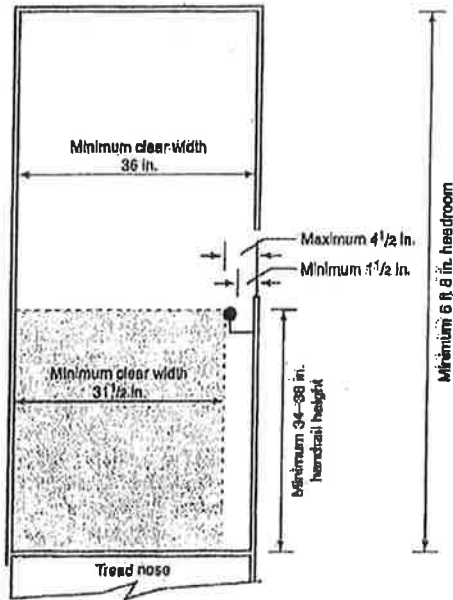
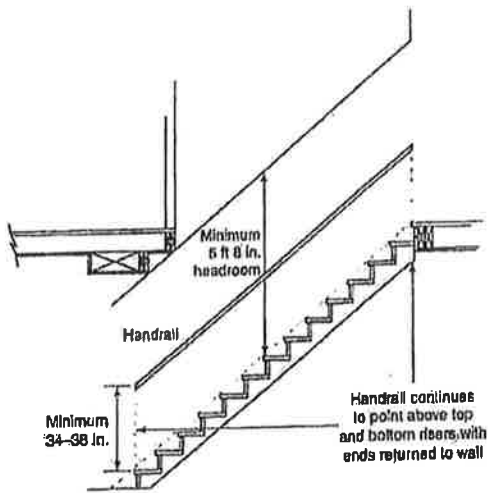
# Residential Stair Illustrations

Stairways with a total rise > 30 in.

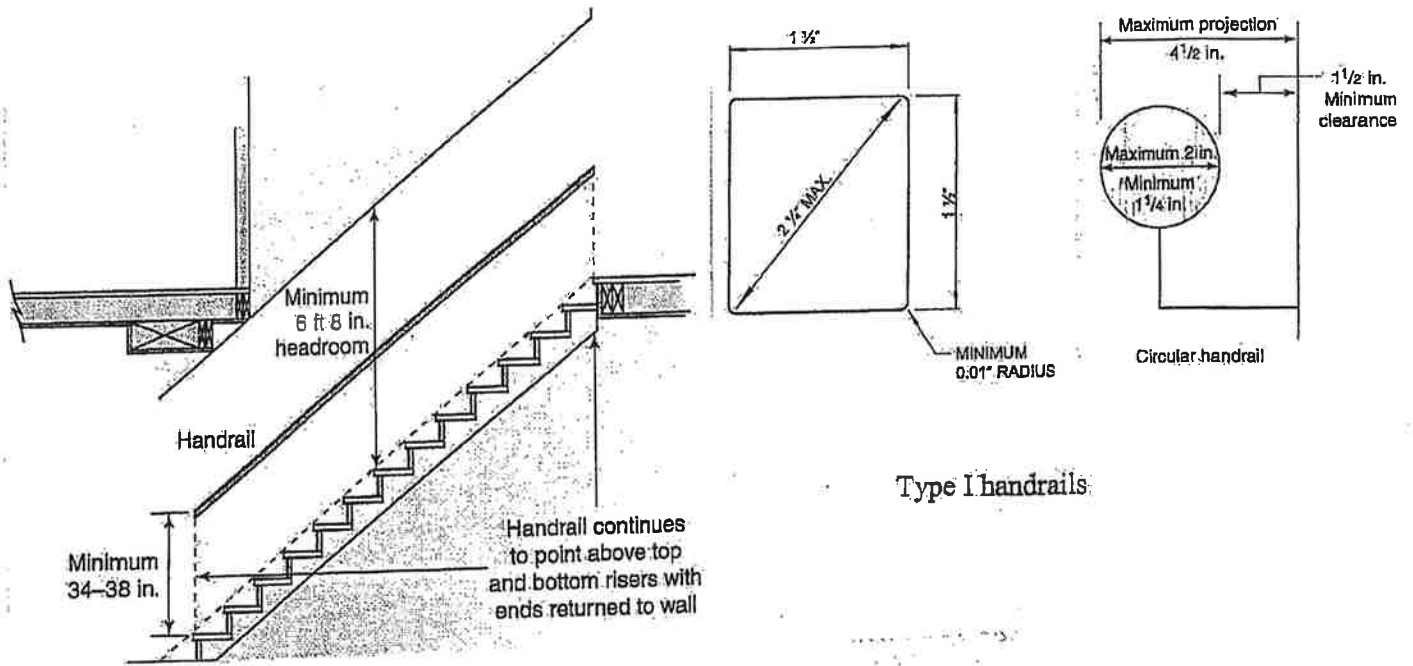


Stairs with total rise of 30 in. or less

Nosing projection not required



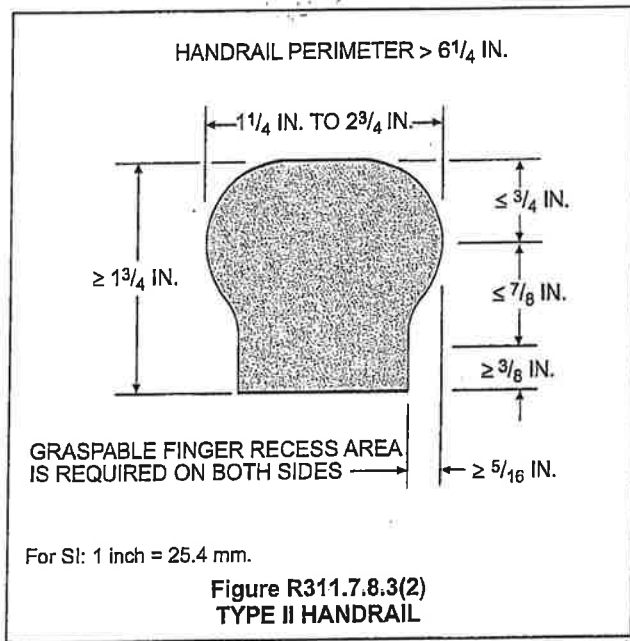
# Residential Handrails



Type I handrails

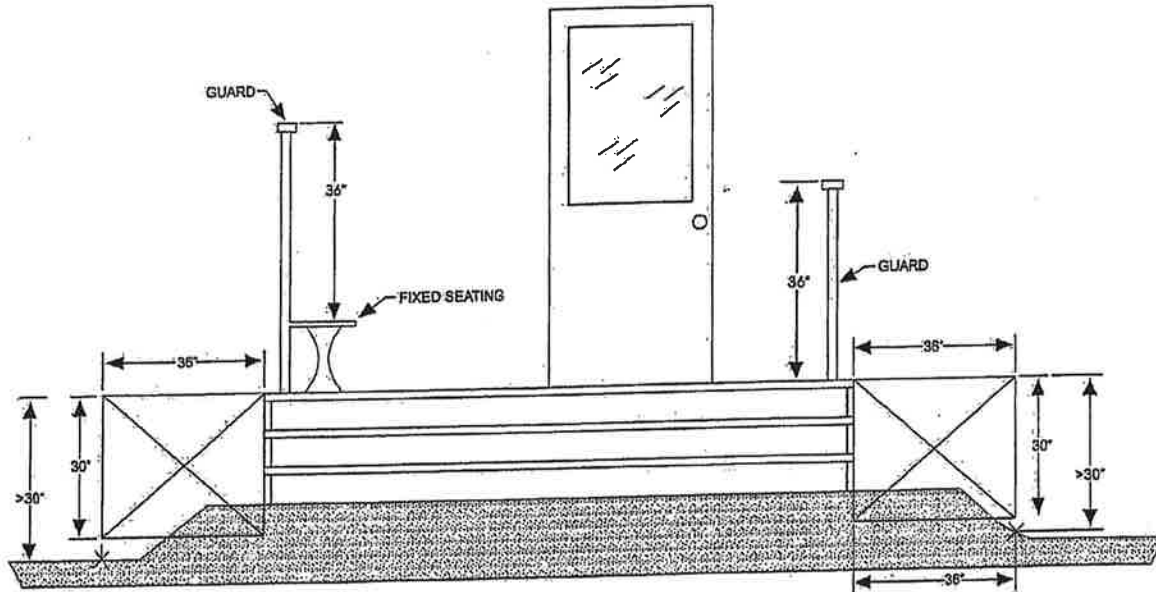
## General Residential Requirements:

- 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

# Residential Guards



For SI: 1 inch = 25.4 mm.

Figure R312.1  
DROP OFF AND GUARD HEIGHT REQUIREMENTS

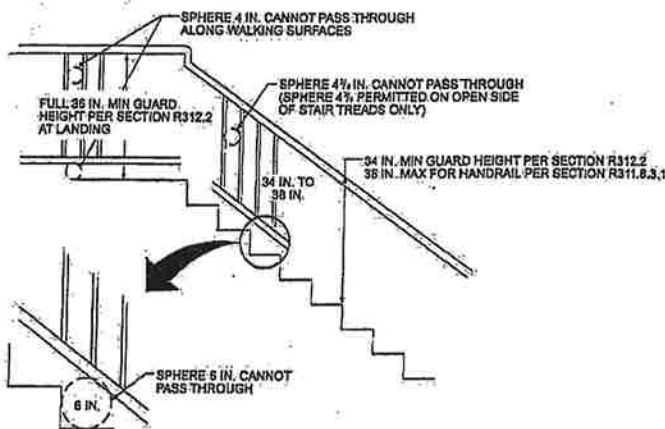


Figure R312.3  
GUARD REQUIREMENTS

## 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

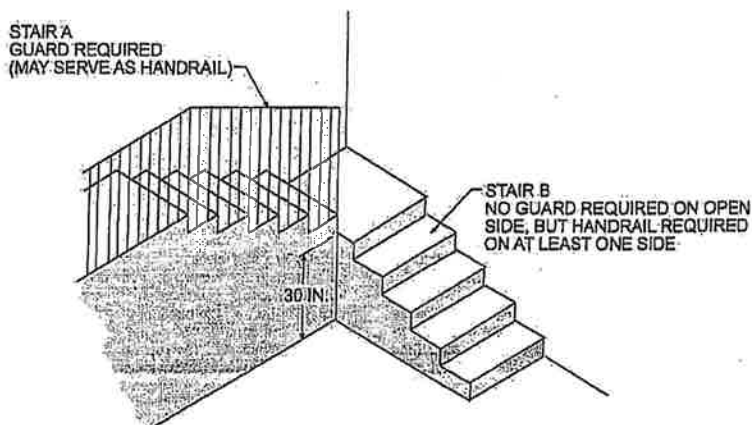


Figure R312.2(1)  
STAIRWAY GUARD

2015 IRC