



APPLICATION FOR PRIVATE DEVELOPMENT

CITY OF YAKIMA, COMMUNITY DEVELOPMENT DEPARTMENT, ENGINEERING DIVISION
129 NORTH SECOND STREET, 2ND FLOOR, YAKIMA, WA 98901
PHONE: (509) 575-6111 FAX: (509) 576-6305

INSTRUCTIONS – PLEASE READ FIRST AND PRINT YOUR ANSWERS CLEARLY

Answer all questions **completely**. If you have any questions about this form or the application process, please contact the Engineering Division. Remember to bring this completed form and the required filing fee when the application is submitted. The Engineering Division cannot accept an application unless it is complete and the filing fee of \$250 is paid. Filing fees are not refundable.

PART I – GENERAL INFORMATION

1. Owner/Developer Name and Contact Information

Name:

Street:

City:

State:

Zip:

Phone Number: ()

Email Address:

2. Applicant's Property Interest

Check One: Owner Agent Developer Other: _____

3. Engineer/Agent's Name and Contact Information

Name:

Street:

City:

State:

Zip:

Phone Number: ()

Email Address:

PART II – PROPERTY INFORMATION

1. Subject Property's Assessor's Parcel Number(s):

2. Property Address:

3. Type Of Work (check all that apply):

- Frontage Improvements (Curb, Gutter, Sidewalk, Driveway Approaches etc...)
- Sanitary Sewer Improvements (Sanitary Sewer Pipe, Forcemain, Manholes, Cleanouts etc...)
- Domestic Water Improvements (Water Pipe, Blow-off, Meter, Valve etc...)
- Irrigation water improvements (Irrigation Pipe, Blow-off, Meter, Valve etc...)
- Stormwater Improvements (Stormwater Pipes, Infiltration Units, Manholes, Catch Basins etc...)
- Other: _____

4. Will this project be completed in phases? Yes No

If yes, please indicate the number of phases: _____

***NOTE:** This permit shall only cover one phase of development. If completing work in multiple phases, please submit a permit application and application fee for each phase, with a set of plans for each phase as well as a set of plans that show the proposed development as a whole.

5. Complete Description of Work:

PART III – CERTIFICATION

I certify that the information on this application and the required attachments are true and correct to the best of my knowledge.

Applicant's Signature

Date

FOR ADMINISTRATIVE USE ONLY

Revised 09-2024

Notes:

File No.:

Date Fee Paid:

Received By:

Amount Paid:

Receipt No.: