



BOARD OF YAKIMA COUNTY COMMISSIONERS

Agenda Request Form (ARF)

Deliver completed ARF and finalized agenda item to the Clerk or Deputy Clerk of the Board at the Yakima County Commissioners' Office, Room 232.

Prepared by: Keri Larson
Department: Human Services
Requested Agenda Date: _____
Presenting: Esther Magasis

Board of County Commissioners Record Assigned

#

026-2026

Action Requested – Check Applicable Box:



PASS RESOLUTION



EXECUTE or AMEND



PASS ORDINANCE

AGREEMENT, CONTRACT, or GRANT



ISSUE PROCLAMATION



OTHER _____

Document Title:

In the matter of accepting as complete, Contract No. 304-2025 for Home Rehabilitation Project HM23-004

Background Information:

This project was awarded by the BOCC on 11/4/25 through Resolution 268-2025 in the amount of \$28,080.00. Contract execution by the BOCC took place on 11/4/25. Total cost of the completed project, as approved previously by the BOCC, is \$28,080.00.

Describe Fiscal Impact:

\$0 - Fiscal impact of this project is reflected in Public Works Contract for Home Rehabilitation Program, Project HM23-004, approved by BOCC on 11/4/25. This resolution does not incur additional costs above the fiscal impact documented in the awarded bid and MOD'(s).

Summary & Recommendation:

Recommend for the acceptance of completion of work by AR 509 Construction, LLC. for Home Rehabilitation Program, Project HM23-004.


Department Head/Elected Official Signature

Corporate Counsel Initial (for Agreements Only)

**BOARD OF YAKIMA COUNTY COMMISSIONERS
RESOLUTION**

**IN THE MATTER OF ACCEPTING
AS COMPLETE, CONTRACT NO. 304-2025
FOR HOME REHABILITATION
PROJECT HM23-004**

026-2026

WHEREAS, the HOME Administrator has certified that Contract No. 304-2025 comprised of **360 Ray Symmons Rd. Yakima, WA 98901**, for Project No. **HM23-004**, has been completed by the Contractor, **AR 509 Construction, LLC**. in accordance with contract plans and specifications; **and**,

WHEREAS, the Contractor has signed the Affidavit, Warranty and Lien Waiver; all Subcontractors (as needed) have signed the Affidavit and Lien Waiver; the Contractor and all Subcontractors (as needed) have filed Affidavits with LNI; the Homeowner(s) have signed the Project Certification and Acknowledgement; **now, therefore**,

BE IT HEREBY RESOLVED by the Board of County Commissioners of Yakima County, Washington, being fully advised, that Contract No. 304-2025 be accepted as satisfactorily completed, and Yakima County Human Services Department is directed to make final payment, less retainage, and to pay retainage as soon as the laws of the State of Washington permit.

DONE JAN 20 2026

Attest:

Julie Lawrence, Clerk of the Board or
Erin Franklin, Deputy Clerk of the Board

LaDon Linde, Chair

Amanda McKinney, Commissioner

Kyle Curtis, Commissioner
*Constituting the Board of County Commissioners
for Yakima County, Washington*

Yakima County Rehabilitation Program

Form #002

Project: HM23-004

PROJECT CERTIFICATION AND ACKNOWLEDGEMENT

CONTRACTOR: AR 509 Construction LLC.

HOMEOWNER: Dennis Lompa

Project Address: 360 Ray Symmonds Rd. Yakima, WA 98901

Abbreviated Legal Description: LOT 3 OF SHORT PLAT, RECORDED UNDER AUDITOR'S FILE NUMBER 7217904, RECORDS OF YAKIMA COUNTY, WASHINGTON. SITUATED IN YAKIMA COUNTY, STATE OF WASHINGTON. Together with that certain 48 x 28 foot 2002 OWYHEE manufactured home bearing VIN No. 17-02-7000-01693 A/B and more fully described in that certain Title Elimination document filed with the Auditor of Yakima County, Washington on May 20, 2002 under Recording/Auditor's No. 7273923.

Parcel Number: 191432-21403

REHABILITATION LOAN PROGRAM PROJECT CERTIFICATION

I HEREBY CERTIFY AND STATE THAT the improvements performed by the contractor have been examined and are believed to be fully and satisfactorily completed in accordance with the Contract and Contract Documents, and that the Lead Clearance Report (if applicable) states that this project has 'Passed' the Clearance. I further certify that the County of Yakima's Building Official (if required), and other required Inspectors (if applicable) all state that the improvements are believed to be fully and satisfactorily completed in accordance with the Contract and Contract Documents.

Dated this 8 day of January 2026.

x 
HOME Program Manager

HOMEOWNER'S ACKNOWLEDGMENT

OWNER/S HEREBY ACKNOWLEDGE THAT the improvements performed by the contractor have been examined by the Yakima County HOME Consortium Rehabilitation Program (HOME), the County's Building Official (if required) and other required Inspectors (if applicable), and that final payment will be approved by the HOME as authorized by this project's contract documents. OWNER/S CERTIFY AND STATE THAT the improvements performed by the contractor have been examined and are believed to be fully and satisfactorily completed in accordance with the Contract and Contract Documents,

Dated this 8 day of January 2026.

x 

Yakima County Rehabilitation Program

Project: HM23-004

Form #051

CONTRACTOR'S AFFIDAVIT, WARRANTY AND LIEN WAIVER

HOMEOWNER: Dennis Lompa

HOMEOWNER:

CONTRACTOR: AR 509 Construction LLC.

ADDRESS: 911 S. 4th Ave. Yakima, WA 98902

THAT I, the undersigned, being duly sworn, do depose and state that I have contracted to construct, alter or repair an improvement on the real estate hereinafter described or having been employed to furnish labor or to furnish materials for the improvement being situated on certain real estate in the County of Yakima, State of Washington, as follows:

Project Address: 360 Ray Symmonds Rd., Yakima, 98901

Tax Parcel Number #: 191432-21403

Abbreviated Legal Description:

LOT 3 OF SHORT PLAT, RECORDED UNDER AUDITOR'S FILE NUMBER 7217904, RECORDS OF YAKIMA COUNTY, WASHINGTON, SITUATED IN YAKIMA COUNTY, STATE OF WASHINGTON. Together with that certain 48 x 28 foot 2002 OWYHEE manufactured home bearing VIN No. 17-02-7000-01693 A/B and more fully described in that certain Title Elimination document filed with the Auditor of Yakima County, Washington on May 20, 2002 under Recording/Auditor's No. 7273923.

THAT THE IMPROVEMENTS on the subject property have been fully and satisfactorily completed in substantial conformity with the Contract.

THAT I WARRANTY all improvements which I have provided in association with the Contract to be free from labor and material defects for a period of one (1) full year, dated from the Project Certification and Acknowledgment date, PROVIDED that notice of substantial non-conformity must be given to the affiant by the Property Owner/s within one (1) year from the date listed on said Project Certification and Acknowledgment.

THAT ALL MATERIALS used in said improvement, all labor performed thereon, and all permits, insurance, sales taxes, and all local, state and federally required taxes and fees in connection with said improvement have been paid in full; and all expenses of whatsoever kind or nature related to said improvement which might give rise to liens on the within described property have been paid in full.

THAT I HAVE submitted a Subcontractor Affidavit and Lien Waiver document to the Yakima County HOME Consortium Rehabilitation Program for each and every subcontractor which furnished labor and/or materials for the improvements situated on certain real estate in the County of Yakima, State of Washington, the legal description for which is listed herein.

Yakima County Rehabilitation Program

Project: HM23-004

Form #051

THAT I have accurately listed below, in entirety, all subcontractors which furnished labor and/or materials for the improvements situated on certain real estate in the County of Yakima, State of Washington, the legal description for which is listed on page 1 of this document.

THAT THE AFFIANT hereby waives any lien or right to lien which he/she may have against the within-described property and warrants to save harmless the property owner/s, Yakima County, Yakima County HOME Consortium Rehabilitation Program, and any and all departments, employees, or agents, from any liens which are now in existence, or may hereafter arise by reason of said improvements, and cause the same to be immediately released.

THAT THE FORGOING waiver and those statements are an express warranty and representation to Yakima County, the Yakima County HOME Consortium Rehabilitation Program, and the property owner/s of the facts herein sworn to and made for valuable consideration, receipt whereof is acknowledged.

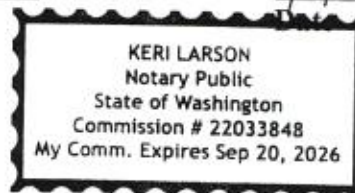
X Loli Gonzales
Contractor Signature

11826

STATE OF WASHINGTON

)) SS

County of Yakima



BE it recorded that on this 8th day of January, 2026, before me, the undersigned, a Notary Public in and for the said county and state, personally appeared the within named Loli Gonzales, known to me to be the identical individual(s) described in and who executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed by official seal the date and year last written. Notary Public in and for the State of Washington, residing at:

Yakima

Signature: Keri Larson Appointment expires: 9-20-26