



Permit Application
Request for
 Extension Reinstatement

Yakima County Public Services

Case #:	Code Case#	PC:
Request Submitted by: <input type="checkbox"/> Owner, <input type="checkbox"/> Contractor, <input type="checkbox"/> Agent (name)		
Permit Holder /Owner Name:		Phone:
Mailing Address:		
City, State, ZIP:		
Email: (Please print clearly)		
Please explain in detail the reason for your request: _____		
<input checked="" type="checkbox"/> Check one box below for the number of days of your extension request.		
EXTENSION OF TIME REQUESTED:(Days) <input type="checkbox"/> 30, <input type="checkbox"/> 60, <input type="checkbox"/> 90, <input type="checkbox"/> 180		
<u>NOTE: A REQUEST DOES NOT GUARANTEE APPROVAL</u>		
By signing this form, you are certifying that the above information is accurate.		
Signature: _____ Date: _____		
Office Use Only		
<i>Date Permit Issued:</i> _____		<i>Expiration Date:</i> _____
<i>Type of last Inspection:</i> _____		<i>Date of last Inspection:</i> _____
<i>Building Code Cycle:</i> _____		<i>New Case #:</i> _____
<i>Date of Submittal:</i> _____		<i>Date of last Review:</i> _____
<i>Date of last Submittal:</i> _____		<i>New Expiration Date:</i> _____
<i>Structure Description</i>		
*Ordinance 4-2021 - R105.5-Expiration deadline 6 years from date of issuance applicable: <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____		
<input type="checkbox"/> APPROVED - <input type="checkbox"/> Pending Reinstatement fee, Date Paid _____ <input type="checkbox"/> DENIED _____		
EXPLANATION: _____		
Reviewed by:	Date:	
<input type="checkbox"/> Updated in Accela		<input type="checkbox"/> Approval / Denial notice Date:
Customer Notified Via: _____		

Yakima County will make reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service or activity of Yakima County, should contact the Yakima County ADA Coordinator at 509-574-2210 as soon as possible but no later than 48 hours before the scheduled event.