



# REINSTATEMENT REQUEST FORM

FINAL  
Revised 10/01/15

Yakima County Public Services  
128 North Second Street · Fourth Floor Courthouse · Yakima, Washington 98901  
(509) 574-2300 · 1-800 572-7354 · FAX (509) 574-2301 · [www.co.yakima.wa.us](http://www.co.yakima.wa.us)

Where a project permit has expired, the applicant may apply to have the permit reinstated and the work authorized by the original permit can be recommenced, provided you have complied with the provisions of YCC 16B.07.050(4).

## Please answer the following questions:

1. What is the original case number? \_\_\_\_\_
2. What was the issuance date of your decision? \_\_\_\_\_  
*(All reinstatement requests must be made within 60 days after the expiration date of the decision or the authorized extension. If you have exceeded the 60 days then stop filling out this form and contact the Planning Division.)*

## Please submit the following:

- a) General Application Form
- b) Written Narrative
- c) A realistic timeline for successful achievement of all conditions upon which the Administrative Official can agree.
- d) Reinstatement Fee *(Shall be 70% of the amount required for a new project permit pursuant to YCC Title 20)*

In accordance with YCC 16B.07.050(4) the following must be met in order for the reinstatement request to be approved.

- The codes under which the original permit was issued and other laws which are enforced by Yakima County have not been amended in any manner which affects the work authorized by the original permit.
- No changes have been made or will be made in the original plans and specifications for such work.
- Where the request for reinstatement does not comply with all of the preceding criteria in YCC 16B.07.050(4), a new project permit application must be submitted and processed as a new project, at full permit fees.

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.



# NARRATIVE FORM

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The Narrative Form is designed to help you, the application review, interested agencies, and adjacent property owners to the proposal understand the scope of your project and how your project meets the legal requirements in the Yakima County Codes. You should refer to the appropriate sections of the ordinance when describing your proposal if applicable. You can obtain a copy of the ordinance in our office or access it on the internet at:

<http://codepublishing.com/wa/yakimacounty/>

**Narrative Content:** Please tell us the “who”, “what”, “where”, and “why” of your proposal. A list of typical content is provided below. **Please do not limit your project’s description to just these items.** In order for us to conduct a timely review of your project please **be as detailed as possible.** Any missing/confusing information could result in the delay of our review.

Note: Not all content listed below will be pertinent to your proposal. These items are suggestions in order to help you draft your narrative.

### **Suggested Content:**

- Describe the current use of the site including all existing structures with their dimensions, square footage and usage.
- Describe the proposed use in detail (including but not limited to the type of business and/or use, hours and days of operation, number of employees, number of people living on-site, maximum number of customers and/or guests, changes or additions to the driveways or other access points, the type of mitigation or adjustment requested).
- Describe which standards are proposed to be adjusted and justify why the standard needs to be adjusted.
- Describe any new or existing structures to be used as part of this proposal.
- Describe how the proposed use will be pertinent to the proposed/existing structures.
- Describe any parking facilities (number of spaces and surface type), landscaping, signage, and lighting that will be associated with your proposal.
- Describe your access to the property and the route of travel to the site.
- For commercial operations describe the travel ways that will be located onsite.
- Describe the timelines for completion of your proposal.

**Please remember that your narrative must explain in detail the specifics of your proposal and any missing information may result in the need for future reviews.** Your narrative can be typed and printed on a separate sheet of paper with “See Attached” written below, or you may print out legibly your narrative on the lines provided.





# GENERAL APPLICATION FORM

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Revised 6/05/2019

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*(Staff Use Only – Fill In / Circle As Applicable)*

Zoning District: _____	Reviewed By: _____
Proposed Land Use: _____	Case #(s): _____ Date Submitted: _____
Overlay: Airport / Greenway / Floodplain _____	
UGA: _____ CAO/Shoreline: _____	
Sewer: Septic Clearance / As Built _____	
Potable Water: N/A or Exempt _____	
Purveyor: _____ YCWRS Well: _____	
FAAR: _____ WUI-FD: _____ M / H / E _____	
Occupancy: A B E F H I M R R1 R2 R3 S U _____	
Type of Construction: IA IIA IIIA IB IIB IIIB IVA IVB VA VB _____	
Name of Short Plat, Subdivision or Manufactured Home Park: _____	Lot or Space # _____
Planning Forms for Project: _____	

**Please Tell Us About Your Proposal:** *(If you need assistance call us at (509) 574-2300 or come into the office)*

Parcel Numbers(s): A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Company (if any): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Subject Property Address: *(if Different)* \_\_\_\_\_

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

Scope of Work: \_\_\_\_\_

Are you requesting the Optional Consolidated Permit Review Process as provided under YCC 16B.03.060? Yes  No

**Applying For A Building Permit? Please Fill Out The Following:**

Number of Bedrooms: Existing: \_\_\_\_\_ Total: \_\_\_\_\_ Size/Dimensions: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Number of Bathrooms: \_\_\_\_\_ Size/Dimensions: \_\_\_\_\_ Square Footage: \_\_\_\_\_

**Construction Valuation (Contractor Estimate) \$** \_\_\_\_\_

**How will you provide legal domestic water for your project? Please check one below:**

- Water right permit** from Department of Ecology (Please attach a copy to this application), or
- Letter from an approved water purveyor** stating the ability to provide water, or
- A Yakima County Water Resource System (YCWRS) domestic well** within the Agriculture zoning district, or
- A Yakima County Water Resource System (YCWRS) domestic well** outside of the Agriculture zoning district, or
- Other adequate evidence** of interest in a suitable water right held for mitigation proposed by an existing water bank, or
- Yakama Nation Water Code permit** for properties located within the exterior boundaries of the Yakama Nation, or
- Documentation that the well site is located outside the Yakima River watershed.**

*Please note that evidence of an adequate water supply must be submitted to Yakima County prior to the issuance of the permit.*

**By signing this form, I agree to the following:**

- I hereby state as true that all ownership interests of the property have reviewed the proposal as presented in the application materials and support the proposed change(s).
- I hereby give Yakima County permission to enter my property during this review to inspect my property as needed.
- I hereby agree to pay all additional fees associated with the processing of this application including but not limited to the Hearing Examiner fees, Transportation fees or any other fees that may be associated with the proposed project.

CONTINUE ON BACK

- I hereby acknowledge that the application with the Yakima County Permit Services Department has been filled out completely.
- I hereby acknowledge that verification of an approved potable water supply is a requirement and part of the procedure to obtain a permit from Yakima County.
- I shall provide Yakima County with proof of an adequate water source as indicated in Ordinance 13-2017 or obtain a YCWRS domestic well permit.
- I understand that Yakima County shall be held harmless for misinterpretation or misrepresentation of documents to obtain my permits.
- I am aware my Permit WILL NOT be issued until I provide proof of an approved source of potable water and associated documentation.

*(If the property is owned by a corporation or LLC please attach documentation showing that the person signing has the authority to sign on behalf of the corporation or LLC.)*

**Please Fill Out This Section In Blue or Black Ink.** *(Please check the box to indicate the primary contact person)*

**Property Owner Signature:** \_\_\_\_\_ (required) Date: \_\_\_\_\_

**Check If You Are Acting As Your Own Contractor** – *(Signature required at declaration at bottom of page)*

**Applicant/Agent:** \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_ Company (if any) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Contractor Name:** \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_ Company (if any) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Contractor License Number: \_\_\_\_\_

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

*If there are additional owners, provide an attachment in the same format and with the same declarations*

**This Section To Be Completed For Construction Permits Only**

**Pursuant to RCW 19.27.095 (2)(i-ii) The requirement for a fully completed construction application shall include:**

- i. The name, address, and phone number of the office of the lender administering the interim construction financing, if any: OR
- ii. The name and address of the firm that has issued a payment bond, if any, on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than 50% of the total amount of the construction permit.

If for any reason the information requested below is not available at the time of application, the applicant shall provide the information as soon as it can be reasonably obtained.

Lending Agency Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I acknowledge by checking this box that this project has no lending agency for construction financing.

Bonding Agency Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I acknowledge by checking this box that this project has no bonding agency.

**If you are the Property Owner and Acting as Your Own Contractor, Please Complete the Following Declaration:**

- I acknowledge that I am applying for a permit thru the Yakima County Public Services Department.
- I also acknowledge that I am not a licensed contractor, specialty or general, or that I am not acting as a contractor and wish to be exempt from the requirements of the Washington State Contractor's Act, per RCW 18.27.090, and will abide by all provisions and conditions of the exemption as stated.
- I agree that if I use the assistance of any person(s) to provide labor and/or assistance, I will retain only contractors registered and currently licensed as required under the laws of the State of Washington.

I (print name) \_\_\_\_\_ certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_