



AG TOURIST OPERATION FORM

FINAL
Revised 4-9-18

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

Please Answer the Following Questions: (attach sheet if needed)

What Type of Agricultural Tourist Operation are you proposing?

Retail Destination Resort

1. On the attached Narrative Form please describe the proposal in detail.
2. What is the principle farming activity that is taking place on the subject property(s)? _____
3. How many acres are currently in agricultural production? _____
4. How many acres will be used for nonagricultural accessory uses and activities? _____
5. Will there be food services? Yes (*if Yes answer the following questions*) No
 - a. Is the food grown on-site? Yes No
 - b. Will you sell pre-packaged foods? Yes No
 - c. Are you proposing a restaurant which will be open to the general public? Yes No
 - d. What are the days & hours of operation? Days: _____ Hours: _____
 - e. Will it be conducted inside or outside? Inside, which structure? _____ Outside
 - f. Number of employees associated with food service: Full Time: _____ Part Time: _____
 - g. Have you obtained a food handlers license from the Yakima Health District? Yes No
6. Will there be educational services? Yes (*answer the following questions*) No
 - a. What aspect of the farm will be taught? _____
 - b. What is the maximum class size? _____ How many classes per day will be offered? _____
 - c. What are the days & hours of operation? Days: _____ Hours: _____
 - d. Will education services be conducted inside or outside?
 Inside, which structure? _____ Outside
 - e. Number of employees associated with education: Full Time: _____ Part Time: _____
7. Will there be Ancillary Entertainment and/or Special Events?
 Yes (*answer the following questions*) No
 - a. List out the types of entertainment and/or special events that will be held at the facility:

b. What is the maximum number of guests? _____

c. How many special events will be held per year? _____

d. How many ancillary entertainment events will be held per year? _____

e. Will the events be conducted inside or outside? Inside Outside

f. If the events are conducted inside, what is the maximum square footage? _____

g. What are the days & hours of operation? Days: _____ Hours: _____

h. Number of employees associated with events: Full Time: _____ Part Time: _____

i. What types of noise will be generated by the events? _____

j. At what time will the noises end? _____

k. Will site screening be installed to block headlights from cars as they leave the venue? Yes No: explain _____

8. Will there be other commercial accessory uses proposed? Yes (*answer the following questions*) No

a. List out the other commercial accessory uses that will be held at the facility: _____

b. What are the days & hours of operation? Days: _____ Hours: _____

c. Number of employees associated with commercial uses: Full Time: _____ Part Time: _____

d. Are the products being sold produced on site? Yes No

9. Is the Ag. Tourist Operation being operated by the property owner? Yes No, Who? _____

10. Is the property accessed by a: County Road Private Road What is the surface type? _____

11. Will you be offering overnight lodging? Yes No How many guest rooms? _____

12. Are you proposing a gift shop? Yes No If Yes, what is the maximum square footage? _____

13. Are you proposing an art gallery? Yes No If Yes, what is the maximum square footage? _____

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

Yakima County Public Services
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FINAL
Revised 10/01/15

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.

Please use additional pages as needed



REQUIRED ATTACHMENT:

YAKIMA COUNTY GENERAL SITE PLAN

Note: Producing the site plan from this template is preferred, however, the template can be substituted for your own drawing (computer aided is acceptable).

Site plan must be drawn with blue or black ink



LOT COVERAGE CALCULATION

a) Dimension(s) of existing structure(s) _____ SQ FT
b) Building addition/new structure(s) dimension(s) _____ SQ FT
c) Existing paved area(s) (driveways, walkways, patios, etc.) TOTAL _____ SQ FT
d) Proposed paved area(s) _____ SQ FT
e) Total Impervious Surface (a+b+c+d = e) _____ SQ FT
f) Lot Size (1 acre = 43,560 sq ft) _____ SQ FT
g) Lot coverage (e/f x 100 = g) _____ %

MAP SCALE (check one)

Preferred Scale: 1 inch on the map = 20 ft on the ground Custom Scale: 1 inch = _____

*Square is 0.25" by 0.25"

PARKING CALCULATION (Reference Table 19.22 in YCC 19.22)

Spaces required: _____

Spaces provided: _____ Surface Type: _____

LOT INFORMATION

Parcel # (s): _____

Site Address: _____

BACKGROUND INFORMATION

Owner Name: _____

Site Plan Created by: _____

Address: _____

Contact Phone: (_____) _____ Date Created: _____

Required Site Plan Information:

	N/A	#	
<input type="checkbox"/>	<input type="checkbox"/>	1	Paper size: Minimum 8 1/2" x 11" up to Maximum size 11"x17"
<input type="checkbox"/>	<input type="checkbox"/>	2	Property Owner Name, Parcel Number and, Site Address
<input type="checkbox"/>	<input type="checkbox"/>	3	North Arrow shall be directed at top of the paper with the writing facing the same northern direction.
<input type="checkbox"/>	<input type="checkbox"/>	4	Drawn to scale. Example 1" = 25' or 1" = 50'
<input type="checkbox"/>	<input type="checkbox"/>	5	Background Information: Site Plan Created By, Address, Contact Phone #, & Date Created
<input type="checkbox"/>	<input type="checkbox"/>	6	Lot Coverage Calculation for all zones except AG, FW, MIN, R/ELDP-40, R-10/5 *
<input type="checkbox"/>	<input type="checkbox"/>	7	Aerial photos are not acceptable
<input type="checkbox"/>	<input type="checkbox"/>	8	Property line dimensions of all lot(s) involved in the project.
<input type="checkbox"/>	<input type="checkbox"/>	9	The location, width and purpose of all easements (utility, access and/or irrigation) on the site and adjacent to the site with distances to proposed structures.
<input type="checkbox"/>	<input type="checkbox"/>	10	The distance from existing and proposed structures to the centerline of state, county, private roads, or access easement with name, dimension, surface type (paved, gravel or dirt) of road.
<input type="checkbox"/>	<input type="checkbox"/>	11	Existing or proposed driveway locations, Length, and Width.
<input type="checkbox"/>	<input type="checkbox"/>	12	Location, shape, size, gross floor area, height and types (i.e., house, garage, well house) of all existing and proposed structures, distance "minimum building setbacks" from the property lines and other structures, and the total lot coverage.
<input type="checkbox"/>	<input type="checkbox"/>	13	The location, right-of-way widths, pavement widths, curbs, gutters, culverts and names of all existing or platted streets or roads, whether public or private, and other public ways within the subject property or adjacent to any affected lots;
<input type="checkbox"/>	<input type="checkbox"/>	14	Location of well or water systems within 100 feet of the subject property or within a 100 foot well control zone and the distance from any structures within the well control zone. Label as Individual, 2-party, Group B, Group A. If located on another parcel note location on site plan.
<input type="checkbox"/>	<input type="checkbox"/>	15	Location of proposed or existing septic tank, drain field area, and extension area, as well as replacement areas and distances to structures and property lines
<input type="checkbox"/>	<input type="checkbox"/>	16	The location and dimensions of any existing and proposed utilities, streets, railroads, irrigation and drainage canals, easements and dedication of property within the subject property or adjacent to any affected lots;
<input type="checkbox"/>	<input type="checkbox"/>	17	Critical Areas/Shoreline: River, streams, creek, pond, floodplain, floodway, etc. on or abutting the site (Distance from structure to the ordinary high water mark of the river, stream, creek, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	18	Show the existing topographic contours at intervals of not more than 5' when the ground slopes exceed 10%. Extend 100' beyond the boundaries of the site.

Building Division Application Site Plan Information:

	N/A	#	
<input type="checkbox"/>	<input type="checkbox"/>	1	Fire apparatus turnaround
<input type="checkbox"/>	<input type="checkbox"/>	2	For larger parcels, draw a simple plan showing the entire lot and indicate which area the new construction is to take place. Attach to the detailed section and submit both.
<input type="checkbox"/>	<input type="checkbox"/>	3	Distance of new structures from all property lines.
<input type="checkbox"/>	<input type="checkbox"/>	4	Location of Garage and Carport vehicle entrances.

Planning Division Application Site Plan Information:

	N/A	#	
<input type="checkbox"/>	<input type="checkbox"/>	1	Location and dimensions of all proposed exterior land uses.
<input type="checkbox"/>	<input type="checkbox"/>	2	Location of new and/or expanded public and private utility infrastructure.
<input type="checkbox"/>	<input type="checkbox"/>	3	Location of pedestrian and vehicular circulation patterns, sidewalks, trails and bicycle paths.
<input type="checkbox"/>	<input type="checkbox"/>	4	Location of structures on the adjoining lots, which may cause compatibility issues.
<input type="checkbox"/>	<input type="checkbox"/>	5	Proposed location and dimensions of community and other open space.
<input type="checkbox"/>	<input type="checkbox"/>	6	Existing and proposed landscaping, site screening, street trees and storm water drainage facilities.
<input type="checkbox"/>	<input type="checkbox"/>	7	The existing on-site sewage system components and reserve areas and the proposed location for on-site sewage systems and soil test pits for all affected lots not served by an on-site sewage system or other approved wastewater treatment system. The location of structures on the adjoining lots when within 100 feet of a well or on-site sewage disposal system;
<input type="checkbox"/>	<input type="checkbox"/>	8	Proposed contours and grading as they affect lot layout, streets, and drainage ways.
<input type="checkbox"/>	<input type="checkbox"/>	9	Location of adjacent public water, sewer main, fire protection systems and other underground facilities within or adjacent to the development.
Floodplain development:			
<input type="checkbox"/>	<input type="checkbox"/>	10	Description of the extent to which any watercourse will be altered or relocated as a result of the proposed development.
<input type="checkbox"/>	<input type="checkbox"/>	11	The boundaries of the 100-year floodplain, the boundaries of floodways where floodways have been established, and the 100-year base flood elevations where base flood elevations have been established.
<input type="checkbox"/>	<input type="checkbox"/>	12	The boundaries of the 10 and 25-year floodplain using the flood risk maps provided by Yakima County as part the mandatory pre-application conference.
<input type="checkbox"/>	<input type="checkbox"/>	13	Other information as may be required by YCC Titles 13, 16A, 16C or 16D.

*Lot Coverage is not specified within these zoning districts; however site screening may be required under Subsection 19.21.030(2)(f) and (g)



CONDITIONAL USE PERMIT FORM

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FINAL
Revised: 052819

Please answer all of the following questions as completely as possible. (If a question is not applicable, write N/A.) In your narrative, please describe your project in detail to help reviewers understand what you want to accomplish.

1. What are you proposing? _____

Annotation by Planner

2. Have you had an Early Assistance Meeting? Yes, Case no. _____ No

3. Are you:

a. Proposing a **new** structure(s). Yes No

b. Changing the Use of an **existing** structure? Yes No

I. If you answered yes to either a. and/or b. above, what is the structure used for? Provide details (such as: type of business, estimated customers/guests, will the new structures be pertinent to any existing structures).

II. What are the dimensions (length, width, height) of new structure(s)?

4. Will the project be conducted entirely within a structure? Yes No

a. If No, describe the outdoor activities (e.g., outdoor eating, playground, park):

b. What is the approximate square footage, or seating capacity of your outdoor use area(s)?

c. What type of noises will the outdoor use generate? (e.g. music, machinery, vehicles)

EMPLOYEES

5. Number of Full-time _____ Part-time _____ Seasonal _____

6. Maximum number at any given shift _____

7. What are the days & hours of operation? (List all)

Monday Hours _____

Tuesday Hours _____

Wednesday Hours _____

Thursday Hours _____

Friday Hours _____

Saturday Hours _____

Sunday Hours _____

8. Will the operation be seasonal? If so, list months _____

PARKING & LOADING (YCC 19.22)

9. How many **existing** parking spaces do you have? _____

a. Surface type (e.g., paved, gravel, dirt)? _____

10. How many **new** parking spaces are you proposing? _____

a. Surface type (e.g., paved, gravel, dirt)? _____

11. Does the use require loading or unloading from trucks or other large vehicles?

Yes No (If yes, designate areas on your site plan.)

Note: Depending on the proposed use, Americans with Disabilities Act (ADA) facilities may be required. Our Building Division can assist you.

SIGNS (YCC 19.20)

12. Will you have signage? Yes No (if yes, please use the separate sign form.)

PRIVATE ROAD OR SHARED DRIVEWAY (YCC 19.23)

13. If you are on a Private Road or Shared Driveway, is there an existing Road Maintenance Agreement?

Yes No (*If yes, please attach a copy to your application*)

14. What is the name of the private road? _____

15. Is the road paved, gravel, dirt? _____

16. What is the width of the road? _____

17. Do you have a recorded access easement? Yes No Width? _____

18. Have you been told you may need to do Road Improvements? Yes No

a) If yes, have you met with the Transportation Division? Yes No

Please explain _____

STORMWATER

19. How are you proposing to manage your stormwater runoff? If you have questions pertaining to stormwater runoff you can talk with our Water Resources Division.

20. Will the proposal disturb more than one acre of ground? Yes No

FENCES (YCC 19.10.040(9))

21. Is there an **existing** fence? Yes No (If yes, answer the following)

a. Fence Material _____

b. Is the fence a view obscuring fence? Yes No

c. Is there barbed wire on the top of the fence? Yes No

d. What is the total height of the fence (including the barbed wire)? _____

22. Are you proposing a **new** fence? Yes No (If yes, answer the following)

a. Fence Material _____

b. Will the fence be a view obscuring fence? Yes No

c. Will you be placing barbed wire on the top of the fence? Yes No

d. What is the total height of the fence (including the barbed wire if proposed)? _____

23. Are you proposing, or do you have a retaining wall and/or recreational screen?

Yes No (If yes, please describe)

SITESCREENING AND/OR LANDSCAPING (YCC 19.21)

24. Does your proposed use require?

Sitescreening? Yes No (e.g, fences, walls)

Landscaping? Yes No (e.g, trees/shrubs/groundcover)

If yes, what type (E.g., trees/shrubs/groundcover/view obscuring)?

Indicate the locations on your site plan, E.g. parking areas, along street frontages, perimeters.

What is the proposed source of irrigation water? _____

OUTDOOR LIGHTING (YCC 19.10)

25. Is any outdoor lighting proposed? Yes No

If yes, indicate type and the locations on your site plan.

WATER

26. Does this project require potable water? Yes No

27. What is the proposed source of potable water?

a. Public Water: Name of provider: _____

b. Community Well: What is the well ID number? _____

i. Parcel # where the well is located? _____

ii. Is there an existing Well Maintenance Agreement? Yes No

(If yes, please attach a copy with this application)

c. Shared Well

i. Parcel # where the well is located? _____

ii. Is there an existing Well Maintenance Agreement? Yes No

(If yes, please attach a copy with this application)

d. Individual Well

e. Other, explain: _____

SANITARY DISPOSAL

28. Does this project require sanitary disposal? Yes No

29. What is the proposed method of sanitary disposal?

- a. Public Sewer: Name of provider: _____
- b. Community Septic System:
Parcel where the septic system is located _____
- c. Individual Septic System
- d. Other, explain: _____

COMPLETION OF PROPOSAL

30. What is your proposed timeline for completing your proposal? If phases are proposed, please describe in detail.

Use this form to answer the questions. Use addition pages as needed.

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GENERAL APPLICATION FORM

Yakima County Public Services

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FINAL
Revised 4/30/20

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

Zoning District: _____

Reviewed By: _____

Proposed Land Use: _____

Case #(s): _____

Overlay: Airport / Greenway / Floodplain _____

Date Submitted: _____

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 # _____

Please Tell Us About Your Proposal: (If you need assistance call us at (509) 574-2300 or in person during office hours)

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:	New:	Total:	Total Number of	Bathrooms:
	<input type="checkbox"/> New <input type="checkbox"/> Addition	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: _____