



REINSTATEMENT / EXTENSION REQUEST FORM

Yakima County Public Services—Building & Fire Safety

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

☐ Permit OR ☐ Application

Request for

☐ Extension OR ☐ Reinstatement

Permit # _____ Code Case # _____ PC: _____

Request Submitted by: ☐ Owner ☐ Contractor ☐ 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: _____

☒ Check one box below for the number of days of your extension request.

EXTENSION OF TIME REQUESTED: (days) ☐ 30 ☐ 60 ☐ 90 ☐ 180

NOTE: A REQUEST DOES NOT GUARANTEE APPROVAL

By Signing this form, you are certifying that the above information is accurate.

Signature _____ Date: _____

OFFICE USE ONLY

Date Permit Issued: _____

Expiration Date: _____

Type of Last Inspection: _____

Date of Last Inspection: _____

Building Code Cycle: _____

New Case #: _____

Date of Submittal: _____

Date of Last Review: _____

Date of Last Submittal: _____

New Expiration Date _____

Structure Description: _____

*Ordinance 4-2021—R105.5: Expiration deadline 6 years from date of issuance applicable ☐ Yes _____ ☐ No

☐ APPROVED

☐ Pending Reinstatement Fee ; Date Paid _____

☐ DENIED

Explanation: _____

Reviewed By: _____

Date: _____

☐ Updated in Accela

☐ Approval / Denial Notice Date: _____

Customer Notified Via: _____