



RESIDENTIAL ACCESSORY STRUCTURE SUPPLEMENTAL CHECKLIST

Yakima County 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

Tax Parcel Number (11 digits)

Reference www.yakimap.com for assistance

Tax Parcel #

Office Use Only

Date:

Zoning District

BLD

PC:

Owner Information

Name: _____ Phone Number: _____

Site Address: _____

Project Description (briefly describe the project): _____

Cooking Appliances:

Please check all cooking appliances that will be installed in the space:

- None
- Stove (Gas, Electric, Induction)
- Oven
- Hot Plate
- Microwave
- Toaster Oven
- Air Fryer
- Other: _____

Space Use:

What will the space be used for?
Check all that apply.

- Wet Bar (no cooking facilities)
- Kitchen Kitchenette (Includes cooking facilities)
- Second Kitchen (Includes cooking facilities)
- Accessory Dwelling Unit (ADU) Guest House
- Granny Flat Mother-in-law suite
- Pool House Cabana (Not a dwelling or guest house)
- Sleeping
- Other: _____

Non-Habitable Space Owner Declaration

Definition of Habitable Space (IRC R202): A space used for living, sleeping, eating, or cooking.

To comply with **IRC 2018/2021**, as Non-Habitable the space **must not** be intended for use as a dwelling.

Please confirm by checking all that apply:

- N/A** The space **will** be habitable.
- The space **will not** be used for sleeping or overnight occupancy.
- The space **will not** be rented or used as a dwelling, including long-term or short-term rentals (e.g., Airbnb).
- The space **will** be used for **non-habitable** purposes (e.g., pool house/cabana, recreational room, workshop, etc.).

Disclaimer: Dwellings are considered primary structures and Especially Sensitive Land Uses (ESLU), which may require stricter setbacks. Adjustments to those setbacks may not be able to be obtained. Keep these requirements in mind when planning construction and consult staff with any questions.

Owner's Acknowledgement

By signing below, I confirm that the information provided is accurate. I understand that additional conditions may apply based on the type of space and appliances listed.

Signed: _____ Date: _____

For office use only

Covenant Required Condition Permit

Land Use Required No Additional Conditions Reviewer Name: _____ Date: _____